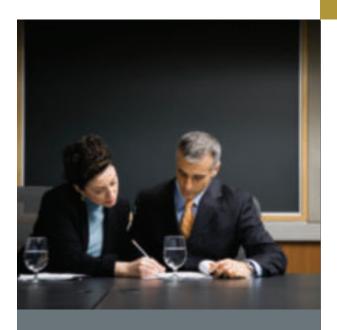


The Institute of Law Clerks of Ontario

# ANNOUNCING A HALF DAY ADVANCED PERSONAL INJURY LAW PROGRAM



#### LOCATION:

ILCO's Education Centre 20 Adelaide St. E., Suite 503 Toronto, Ontario

#### DATE:

June 14, 2017

#### TIME:

9:00 AM to 1:00 PM

#### FEE:

Members \$120.00 + HST Non-Members \$ 150.00 + HST

Group Rate: Minimum of 3 registrants from the same firm. \$40.00 discount per registration

THE INSTITUTE OF LAW CLERKS OF ONTARIO

20 Adelaide Street East, Suite 502 Toronto, Ontario M5C 2T6 Tel: (416) 214-6252 Fax: (416) 214-6255 www.ilco.on.ca

http://ilco.on.ca/education/ilco-cle-programs

## IAN FURLONG

PARTNER, THOMSON ROGERS LLP

The personal injury action: heads of damages to be claimed and the evidence required to establish entitlement to such damages.

## **SONIA LEITH**

ASSOCIATE, NEINSTEIN PERSONAL INJURY LAWYERS The new CAT: Exploring the change of definition in the Catastrophic designation.

# **FARANAZ SIGANPORIA**

MANAGING LAWYER, SIGANPORIA LAW FIRM Recent changes in SABS and the LAT.

A webcast will be available for this seminar. Please indicate on your registration form if you wish to attend via webcast.



# REGISTRATION FORM ADVANCED PERSONAL INJURY LAW CLE JUNE 14, 2017

Please complete the registration form and return with payment NO LATER THAN JUNE 7, 2017 to:

The Institute of Law Clerks of Ontario 20 Adelaide Street East, Suite 502 Toronto, Ontario M5C 2T6

Please make your cheques payable to The Institute of Law Clerks of Ontario. Payment using **VISA or MasterCard** may be emailed to <u>cle@ilco.on.ca</u> or faxed to 416-214-6255. The Institute of Law Clerks of Ontario does not accept post-dated cheques.

**Refund Policy:** 

Cancellation and requests for refund must be submitted in writing to ILCO at least five (5) business days prior to the date of the program in order to be entitled to a refund. All refund requests must be made in writing. Refunds are subject to a minimum \$25.00 administration fee.

Name	Student/Member #
Mailing Address:	
City Province	Postal Code
Telephone Email_	
Will participate in person  Will participate via webcast	Member \$135.60 (120.00 plus HST)  Non Member \$169.00 (150.00 plus HST)
Payment information	Group rate: minimum of 3-\$40.00 reduction per
Payment by cheque credit card	registration  MasterCard  Visa
Credit Card Authorization	
Name of Card Holder	
Amount Credit Card Number CVC Expiry Date (mm/yy)  Cardholder's Signature	
FOR OFFICE USE ONLY;	PAID BY: CC/CHEQ
CC AUTHORIZATION NUMBER	RECEIPT#