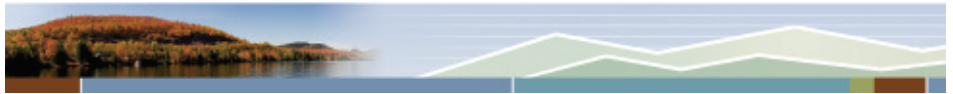


Registration Form



Registration

Please complete and fax or mail with payment to:

Ms. Christiane Lavallée
Montréal Exchange
800 Victoria Square, Montréal, Quebec H4Z 1A9 CANADA
Tel.: 514 871-4949, Ext. 319 or 1-800-361-5353, Ext. 319
E-mail: cadc@m-x.ca

Fax: **514 871-3514**

Name: (Mr. Ms.) _____

First Name: _____

Title: _____

Company: _____

Address: _____

Telephone: _____ (area code / number) Fax: _____ (area code / number)

E-mail: _____ Smoker Non-smoker

Special requirements (please advise us of any special dietary or access requirements)

Fees (plus applicable taxes)

QST: 1023 79 79 21 TQ001 - GST: 143 700 474 RT0001

Conference - October 14 and 15

- C\$100* per person (pension funds, corporations, Crown agencies/governments, insurance companies, fund managers, or fund consultants)
Number of persons : _____

- C\$700* per person (others)
Number of persons : _____

Total: C\$ _____

Fairmont Tremblant - Hotel Reservations

We have reserved a block of rooms at the group rate of C\$229 per night (plus tax). Just let us know your date of arrival and your duration of visit by ticking off the dates below and we will be pleased to make hotel reservations on your behalf.

Oct. 13 Oct. 14 Oct. 15

Method of Payment

- Cheque (payable to Bourse de Montréal Inc.)
 Visa MasterCard Amex

Registration cannot be processed unless accompanied by full payment.

Card #: _____

Expiry Date: ____ / ____ / ____ Cardholder: _____

* Includes all breakfasts, seminars, lunch and cocktail reception.

I hereby authorize the Montréal Exchange to charge my account for fees as indicated hereof.

Date: ____ / ____ / ____

Signature: _____

Please retain a copy of this form as proof of payment.
No other receipt will be sent.