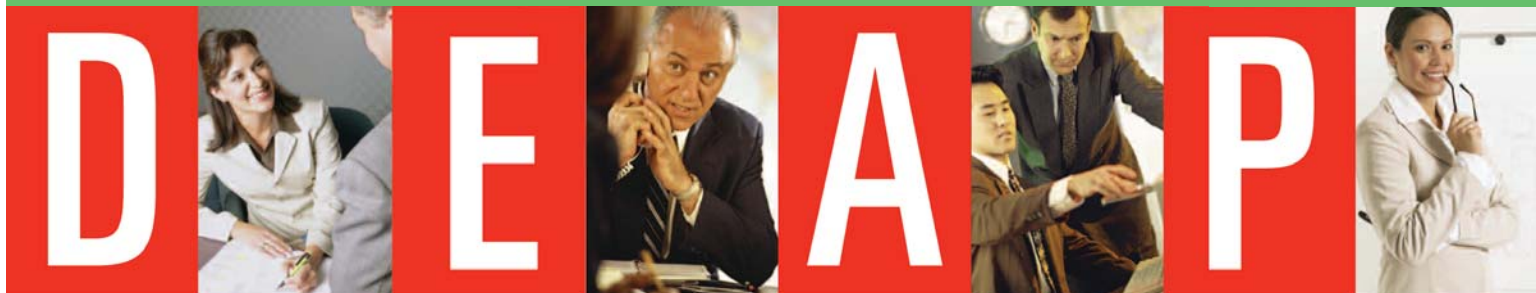


DIRECTORS' EDUCATION AND ACCREDITATION PROGRAM

Are you a Director of a Canadian corporation, government agency or not-for-profit? **Learn to be the best in your role!**

ICSA
Chartered Secretaries Canada



2009/2010 SCHEDULE

Please check the session you are registering for:

- Calgary September 23 - 25, 2009
- Montreal October 26 - 28, 2009
- Toronto April 12-14, 2010
- Vancouver May 10-12, 2010
- Calgary September 20-22, 2010
- Montreal November 1-3, 2010

Registration Fee:

- Member - \$3,000 Membership #
- Partner - \$3,200 Organization:
- Regular - \$3,700

Amount \$ _____

Cheque payable to **ICSA Canada**

Or



Card No. _____

Expiry Date _____

Name on Card _____

Authorized Signature _____

GST # 11896 9427 RT ALL FEES INCLUDE GST

To maintain your Acc.Dir. designation you must renew your ICSA membership or ICSA Affiliate Group membership on an annual basis. As well, you are required to complete ten hours of continuing professional development work (seminars, workshops, courses, writing articles, etc., all relevant to effective Board conduct) annually.

2175 Sheppard Avenue East, Suite 310, Toronto, Ontario M2J 1W8

p 416-944-9727 tf 1-800-501-3440 f 416-491-1670 www.icsacanada.org e info@icsacanada.org

DIRECTORS' EDUCATION AND ACCREDITATION PROGRAM

Participant's Questionnaire

Thank you for applying for the Directors' Education and Accreditation Program. To help you get the most from your networking opportunities, and to assist us in identifying potential Directorships for you, please complete this short questionnaire.



Name: _____

Employer: _____

Position/Title: _____

Business Address: _____

City/Town: _____

Prov. _____

Postal Code: _____

Business Tel: _____

Fax: _____

Business E-mail: _____

Key Job Responsibilities: _____

Current Directorship(s) _____

Other Experience as a Director: _____

Please rate your knowledge/experience in each of the following:

	None	Basic	Some	Expert
Governance				
Finance				
Strategic Planning				
Risk Management				

Please tell us the type of organizations for which you would like to be a Director.

Industry/Sector: _____

Size: _____

Listed Company (Y/N): _____

Not-for-profit (Y/N): _____

Government Agency (Y/N): _____

If Government Agency or Not-for-profit, what area: _____

Relevant Experience: _____

I agree to allow Chartered Secretaries Canada to use this information on its website and, if appropriate, websites of similar organizations to assist me in arranging a suitable Directorship.

Signed: _____

Date: _____

Name: _____

THANK YOU