

REGISTRATION INFORMATION

Company: _____ Contact Name: _____

Address: _____ City/Prov: _____ Postal Code _____

Contact Phone: _____ Email: _____

Attendee Names 1. _____ 2. _____

Sessions Attending 1. _____ 2. _____

If more than two people are attending, please contact Patty Kettles at 905-634-4040

Continental breakfast, lunch, coffee breaks & networking receptions (when applicable) are included in registration fees.

Sessions

AARO Member
x Number of attendees

NON Member
x Number of attendees

- | | | |
|---|-------------------------|-------------------------|
| <input type="checkbox"/> September 17, 2025 - EV Day (includes Networking Reception) | \$ 329.00 X _____ | \$ 399.00 X _____ |
| <input type="checkbox"/> September 18, 2025 - Business Sessions, Trade Show & Reception | \$ 329.00 X _____ | \$ 399.00 X _____ |
| <input type="checkbox"/> September 18, 2025 - Trade Show/Reception Only | \$ 149.00 X _____ | \$ 199.00 X _____ |
| <input type="checkbox"/> Register for both days and SAVE 10% | \$ 592.00 X _____ | \$ 718.00 X _____ |
|
<input type="checkbox"/> September 19, 2025 - Lindertech Technical Training |
\$ 649.00 X _____ |
\$ 725.00 X _____ |
| 8:00 am - 12:00 noon: Subaru 101 - Scott Shotten | | |
| 12:30 pm - 4:30 pm: Air Fuel Sensors Demystified: A Technician's Approach to In-Bay Diagnostics - Scott Weatherall | | |
|
<input type="checkbox"/> September 20, 2025 - Lindertech Technical Training |
\$ 649.00 X _____ |
\$ 725.00 X _____ |
| 8:00 am-12:00 noon: Diagnosing Turbocharged Vehicles with Volumetric Efficiency & Fuel Trim - Scott Shotten | | |
| 12:30 pm - 4:30 pm (Pick one session) | | |
| <input type="checkbox"/> Hybrid and EV Operation and Diagnosis - Mark Lemay | | |
| <input type="checkbox"/> David Gilles | | |
|
<input type="checkbox"/> Register for two Day Lindertech Technical Training and SAVE 10% |
\$ 1,168.00 X _____ |
\$ 1,305.00 X _____ |

SUBTOTAL: _____ **+ 13% GST** _____ **TOTAL DUE:\$** _____

PAYMENT INFORMATION

Visa ☐ **Mastercard** ☐ **Cheque** ☐

Card #: _____ Expiry Date: ____ / ____

CSV# _____ Name on Card: _____

Signature _____

If digital signature not available, check box ☐



EMAIL FORM TO:
PATTY.KETTLES@AARO.CA

Mail cheques to: AARO,
P.O. Box 225, Manotick Stn Main,
Manotick, ON K4M 1A5