



Directors' Symposium on Climate Change and Competitiveness in Canada (CCC)

Application for Admission

OVERVIEW

This symposium brings together climate change experts, including directors and senior executives from leading organizations across the country to engage in discussion on the timely topic of Canadian business and climate change. Participate in interactive discussions on best practices, case studies and lessons learned on a range of hot topics, including climate reporting, risks and opportunities, and Canadian business' path forward on climate policy in the current climate..

WHO WOULD BENEFIT? WHO SHOULD ATTEND?

The Climate Change and Competitiveness in Canada Directors Symposium is intended for:

- Directors of private for-profit and publicly-listed companies
- Directors of not-for-profit organizations, Crown corporation and public ABCs
- Past graduates of the ICD-Rotman Directors Education Program; or
- Experienced business executives who want to improve engagement with the board on climate-related strategy

NOTICE OF ADMISSION

Applicants will be updated on the status of their application by email within 2 business weeks of receipt of an application.

MEMBERSHIP IN THE ICD

The Institute of Corporate Directors is committed to providing its members with a wide range of tools, resources and services that supports them in being effective directors and creating high-performing boards.

COURSE FEE

For current ICD.Ds with membership in good standing: \$950 plus applicable taxes

For current ICD members: \$1,050 plus applicable taxes

For non-members: \$1,395 plus applicable taxes (includes a one-year non-refundable membership)

APPLICABLE TAXES: (Taxes are based on program location, not the applicant's address)

| Location | AB | BC | MB | NL | NS | ON | QC | SK |
|---------------------|----|----|----|-----|-----|-----|---------|----|
| Applicable Tax Rate | 5% | 5% | 5% | 15% | 15% | 13% | 14.975% | 5% |



Directors' Symposium on Climate Change and Competitiveness in Canada Application Form

Course Location (City)

Course Start Date

APPLICANT

Mr. Ms. Mrs. Dr.

Last Name

First Name

Middle Initial

Preferred Name

Professional Designation(s)

HOME CONTACT DETAILS

Street Address

Suite Number

City

Province/State

Postal/Zip Code

Telephone

Fax

Cellular

BUSINESS CONTACT DETAILS

Title

Company

Street Address

Suite Number

City

Province/State

Postal/Zip Code

Telephone

Fax

Participant E-mail

Assistant's E-mail

Company Web site

Preferred mailing address: Business Home

CURRENT EMPLOYMENT

| | | |
|--|---|---|
| Current Title/Position | Company/Organization | |
| Type of Company: <input type="checkbox"/> Public For Profit <input type="checkbox"/> Private For Profit <input type="checkbox"/> Commercial Crown <input type="checkbox"/> Not-For-Profit (including NFP Crowns) | | |
| Company Size (by annual gross revenue): <input type="checkbox"/> Under \$500 million <input type="checkbox"/> Over \$500 million <input type="checkbox"/> Over \$1 billion | | |
| Industry Sector (select one from the choices below): | | |
| <input type="checkbox"/> Academia & Education | <input type="checkbox"/> Entertainment & Media | <input type="checkbox"/> Natural Resources |
| <input type="checkbox"/> Advertising & Marketing | <input type="checkbox"/> Environment | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Accounting & Financial Services | <input type="checkbox"/> Government | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Agriculture & Food Production | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Retail & Consumer Products |
| <input type="checkbox"/> Aviation & Aerospace | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Security & Defense |
| <input type="checkbox"/> Banking, Finance & Investments | <input type="checkbox"/> Industrial | <input type="checkbox"/> Tourism & Hospitality |
| <input type="checkbox"/> Broadcasting & Telecommunications | <input type="checkbox"/> Insurance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Building & Construction | <input type="checkbox"/> Medical & Healthcare | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Consumer Products & Manufacturing | <input type="checkbox"/> Mining | |
| <input type="checkbox"/> Energy & Power | | |

EDUCATION (where you earned your highest degree)

| | | |
|---------------------|---------------|--------------------|
| Name of institution | Degree Earned | Year of Graduation |
|---------------------|---------------|--------------------|

PLEASE LIST BOARD EXPERIENCE

| ORGANIZATION | TYPE OF COMPANY <small>i.e.: Public For Profit, Private For Profit, Commercial Crown, Not-For-Profit (including NFP Crowns)</small> | SIZE OF ORGANIZATION REVENUE <small>i.e.: Under \$500 million, Over \$500 million, Over \$1 billion</small> | INDUSTRY SECTOR <small>Refer to industry sector selection on page 3 under Current Employment.</small> | BOARD POSITION <small>i.e.: Chair, Vice-Chair, Audit Committee Chair, Governance Committee Member</small> | YEARS SERVED <small>i.e.: 2001-2005</small> |
|--------------|--|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |

CANCELLATION POLICY

Refunds will be given for cancellations received in writing to the ICD no later than 14 days before the start date of the course, and will be subject to an administrative fee of \$250 (plus applicable taxes). No refunds or credits will be provided for cancellations received less than 14 days before the start date of the course. Non-attendance will incur the full course fee. Should the ICD need to cancel or postpone a course offering, applicants will be issued a full refund.

COLLECTION OF PERSONAL INFORMATION AND PROTECTION OF PRIVACY

For more details visit www.icd.ca/privacy.

DECLARATION

I hereby certify that all statements on the application and in any material filed in support hereof are true, correct and complete and all material information has been disclosed. I understand that if the Institute of Corporate Directors (ICD) finds to the contrary, my association with, admission to, or registration in the course may be rescinded and cancelled after notice in writing to me. Once registered in the course, I understand that I am fully responsible for all fee payments. I pledge to conduct myself in a manner of integrity, honesty and respect for individuals in the ICD community. If I am found to act in a manner contrary to the aforementioned values, I understand that I may be required to withdraw from the course.

SIGNATURE

Applicant's Signature

Date

On behalf of the ICD, thank you for your commitment to good governance by contributing to and benefitting from the exchange of knowledge and experiences to optimize your board performance and make a lasting impact.

PLEASE EMAIL YOUR COMPLETED APPLICATION FORM TO EDUCATION@ICD.CA

ALTERNATIVELY, YOU CAN MAIL YOUR COMPLETED APPLICATION FORM TO:

Institute of Corporate Directors
Attn: CCC registration administrator
2701–250 Yonge Street, Toronto, ON Canada M5B 2L7
T: 416.593.7741 x289
T: 1.877.593.7741 x289
F: 1.888.398.4794
education@icd.ca
www.icd.ca

METHOD OF PAYMENT

- ICD.Ds with membership in good standing: \$950 plus applicable taxes
- ICD members: \$1,050 plus applicable taxes
- Non-members: \$1,395 plus applicable taxes (includes a one-year non-refundable membership)

- Visa MasterCard Enclosed; please find my cheque payable to the Institute of Corporate Directors

Card # Expiry Date (mm/yy)

Name on Card

Signature of Applicant Authorized cardholder signature (if different from applicant)

Date

Course fees are due at the time of application. In the event that the applicant is not admitted into the course, a refund will be issued.

SOCIAL INSURANCE NUMBER

The Canada Revenue Agency (CRA) requires not-for-profit and educational institutions to include a Social Insurance Number (SIN) with all filings of the T2202 Education and Textbook Amounts Certificate form. The ICD must provide this information to the CRA in order to issue course participants a receipt for income tax purposes.

If you wish to provide this information through our secure webpage, please indicate so below and visit <https://icd.ca/secureSIN>. If you DO NOT require a receipt for income tax purposes, we kindly ask that you click the box below and confirm your decision to decline.

For more information regarding the new CRA requirements, please refer to the [CRA website](#).

- Online Submission
- OPT OUT – No Tax Receipt Required

SIN Applicant's Signature