



ACCRU 2026 Annual General Meeting Registration Form

Personal Information

First Name: _____

Last Name: _____

Email: _____

Phone Number: _____

Professional Information

Organization: _____

Position/Title: _____

Dietary & Accessibility Needs

Dietary restrictions or preferences: _____

Accessibility needs: _____

FEES

ACCRU Members \$500: _____

Non-members \$750: _____

Method of Payment: Please indicate your payment option.

Option 1: Direct Banking Transfer to ACCRU account:

Information for transfer:

- NBC transit number: 12441

- Institution number: 006

- Account number: 0008123

Option 2: By cheque payable to Alliance of Canadian Comprehensive Research Universities:

Mailing information:

ACCRU

c/o Michel Caron

PO Box 91509

Orleans RPO Mer Bleu

Ontario

K1W 0A6

Photo/Video Consent

By signing below, I acknowledge that photographs and/or video recordings may be taken during the AGM. I consent to ACCRU using such materials for promotional, educational, and informational purposes, including but not limited to the ACCRU website, social media, newsletters, and publications.

Signature: _____

Date: _____

Please send to adminaccru@wlu.ca

For Administration Use Only

Payment received: _____

Date: _____