



The Institute  
of Law Clerks  
of Ontario

# ANNOUNCING A FULL DAY ADVANCED REAL ESTATE LAW PROGRAM



## LOCATION:

ILCO's Education Centre  
20 Adelaide St. E., Suite 503  
Toronto, Ontario

## DATE:

March 29, 2017

## TIME:

9:00 AM to 5:00 PM

## FEE:

Members \$250.00 + HST  
Non-Members \$300.00 + HST

Group Rate: Minimum of 3  
registrants from the same firm.  
\$40.00 discount per registration

## WILLIAM McCULLOUGH

PARTNER, McCARTHY TÉTRAULT LLP  
Green Energy.

## STEPHEN D'AGOSTINO

PARTNER, THOMSON ROGERS  
Expropriation of Land:  
Arriving at a Fair Compensation.

## TZEN-YI GOH

PARTNER, McCARTHY TÉTRAULT LLP  
Construction Liens: Essentials that  
Every Law Clerk Should Know.

## VAROUIAN ARMAN

PARTNER, BLANEY McMURTRY LLP  
The Commercial Lease: Common Pitfalls  
and Negotiation Points.

## ASHLEY METALLO

ASSOCIATE, BRAUTI THORNING ZIBARRAS LLP  
Physical Defects in Properties.

## BEN LEITH

COUNSEL, McCARTHY TÉTRAULT LLP  
Real Property Issues and the PPSA.

## RAY MIKKOLA

PARTNER, PALLETT VALO LLP  
Tips and Traps on Purchasing, Selling,  
Mortgaging and Liening Condo Units.

THE INSTITUTE  
OF LAW CLERKS  
OF ONTARIO

20 Adelaide Street East, Suite 502

Toronto, Ontario M5C 2T6

Tel: (416) 214-6252 Fax: (416) 214-6255

[www.ilco.on.ca](http://www.ilco.on.ca)

<http://ilco.on.ca/education/ilco-cle-programs>

A webcast will be available for this seminar. Please indicate  
on your registration form if you wish to attend via webcast.



REGISTRATION FORM  
ADVANCED REAL ESTATE LAW CLE  
MARCH 29, 2017

Please complete the registration form and return with payment NO LATER THAN MARCH 24, 2017 to:

The Institute of Law Clerks of Ontario  
20 Adelaide Street East, Suite 502  
Toronto, Ontario M5C 2T6

Please make your cheques payable to The Institute of Law Clerks of Ontario. Payment using **VISA or MasterCard** may be emailed to [cle@ilco.on.ca](mailto:cle@ilco.on.ca) or faxed to 416-214-6255. The Institute of Law Clerks of Ontario does not accept post-dated cheques.

**Refund Policy:** Cancellation and requests for refund must be submitted in writing to ILCO at least five (5) business days prior to the date of the program in order to be entitled to a refund. All refund requests must be made in writing. Refunds are subject to a minimum \$25.00 administration fee.

Name _____	Non-Member Student/Member # _____												
Mailing Address: _____													
City _____	Province _____ Postal Code _____												
Telephone <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													Email _____

- Will participate in person
- Will participate via webcast

- Member \$282.50** (250.00 plus HST)
- Non Member \$339.00** (300.00 plus HST)

<p><b>Payment information</b></p> <p>Payment by    <input type="checkbox"/> cheque    <input type="checkbox"/> credit card</p> <p><b><u>Credit Card Authorization</u></b></p> <p>Name of Card Holder _____</p> <p>Amount _____    Credit Card Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>    Cardholder's Signature _____</p> <p>CVC <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>    Expiry Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (mm/yy)</p>																																<p><b>Group rate: minimum of 3-\$40.00 reduction per registration</b></p> <p><input type="checkbox"/> MasterCard</p> <p><input type="checkbox"/> Visa</p>

<p><b>FOR OFFICE USE ONLY;</b></p> <p>CC AUTHORIZATION NUMBER _____</p>	<p>PAID BY: CC/CHEQ</p> <p>RECEIPT# _____</p>
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