

LOVE BUILDS BRAINS

Dr. Jean Clinton

AWARDS GALA

Registration Form

Gala

November 24, 2017

6:30 p.m.

Workshop/AGM

November 25, 2016

8:30 a.m. - 4:00 p.m.

Park Town Hotel

924 Spadina Crescent

Saskatoon, SK S7K

3H5

Name: _____ Member No. _____
Centre/Organization: _____
Address: _____
City: _____ Prov: _____ Postal Code: _____
Phone: _____ Email Address: _____
Food Allergies/Special Diets: _____

*for multiple employee registrations please see reverse side

TOTAL # OF REGISTRATIONS: _____

<ul style="list-style-type: none">Awards Gala to take place the evening prior to AGM and WorkshopAGM will take place over lunchRegistration deadline: November 13, 2017 <p>Registration Fee :</p> <p>AGM Only</p> <p><input type="radio"/> no charge</p> <p>Awards Gala Only</p> <p><input type="radio"/> \$50.00</p> <p>Gala, AGM and Workshop</p> <p><input type="radio"/> \$75.00 (Full-time student members)</p> <p><input type="radio"/> \$175.00 (members)</p> <p><input type="radio"/> \$200.00 (non-members)</p> <p><input type="radio"/> <i>I will be attending the awards gala</i></p> <ul style="list-style-type: none">The registration fee includes a ticket to the Awards Gala and is non-refundable. <p><small>*breakfast and lunch provided for workshop attendees</small></p>	<p>Methods of Payment:</p> <p><input type="radio"/> Cheque # _____</p> <p><input type="radio"/> E-transfer—contact office for arrangements</p> <p><input type="radio"/> Credit Card \$ _____</p> <p>Name on Card: _____</p> <p>Card #: _____</p> <p>Card Type: _____</p> <p>Expiry Date: _____ CVC: _____</p> <p>Signature: _____</p> <p><small>*credit card information is destroyed after processing</small></p>
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Submit Completed Registration form and payment to:



Saskatchewan Early Childhood Association

1015 Railway Ave Weyburn, SK S4H 2V5

Phone: 306.842.1209 Fax: 306.842.1206

Email: seca.officemanager@gmail.com

AGM

ANNUAL GENERAL MEETING

LOVE BUILDS BRAINS

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Multiple employee registration:

Name:	Dietary Restriction:	Member #



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