

Registration Form

POWER
STRUGGLES...
MAKE ME

Daniel Hodgins

AWARDS GALA

Gala

November 16, 2018

6:30 p.m.

Workshop/AGM

November 17, 2018

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

Ramada Hotel Saskatoon

806 Idylwyld Drive North

Saskatoon, SK S7L 0Z6

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 1, 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>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

AWARDS GALA

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Multiple employee registration:

Name:	Dietary Restriction:	Member #



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