

# Mail or Walk-in Registration

Early Childhood Professional Resource Centre

WINTER 2018

## Registration Information:

Participant Name	Event Code	PRC Member	General Public	Total Cost

## Participant Contact Details: N/A, same as billing information (below)

1. Name \_\_\_\_\_ E-mail: \_\_\_\_\_
2. Name \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Name \_\_\_\_\_ E-mail: \_\_\_\_\_
4. Name \_\_\_\_\_ E-mail: \_\_\_\_\_
5. Name \_\_\_\_\_ E-mail: \_\_\_\_\_
6. Name \_\_\_\_\_ E-mail: \_\_\_\_\_
7. Name \_\_\_\_\_ E-mail: \_\_\_\_\_
8. Name \_\_\_\_\_ E-mail: \_\_\_\_\_

## Billing Address and Payment Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Total: \$ \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Method of Payment (check one)

Cash (in person only)  Money Order or Cheque (made payable to **Conestoga College**)

VISA  MasterCard CSC (3 digit number on back of card) \_ \_ \_

Credit Card Expiry Date (Month Year): \_ / \_ / \_ Credit Card Number \_ \_ \_ - \_ \_ \_ - \_ \_ \_

Cardholder's Name \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_