

**REGISTRATION FORM  
LECTURE SERIES & EXAMINATION  
September 18th & 19th and October 16th, 2010**

NAME: \_\_\_\_\_ Membership Number: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ (Day) PHONE #: \_\_\_\_\_ (Evening)

PHONE #: \_\_\_\_\_ (Cell)

**Please send in your completed forms before August 27, 2010 for registration.**

**\*Please select an option\***

OPTION A	OPTION B	OPTION C
Lecture Series & Exam: <input type="checkbox"/>	Lecture Series Only: <input type="checkbox"/>	Re-write Exam Only: <input type="checkbox"/>
➔Cheque / Money Order \$250.00 ➔Visa Credit Card \$260.00 (Includes administration fee of \$10.00)	➔Cheque / Money Order \$150.00 ➔Visa Credit Card \$160.00 (Includes administration fee of \$10.00)	➔Cheque / Money Order \$100.00 ➔Visa Credit Card \$110.00 (Includes administration fee of \$10.00)

Method of Payment Enclosed:  Cheque / Money Order  Visa/Master Card

Amount Enclosed: \$ \_\_\_\_\_.

Credit Card Number _____ Expiry Date ____ / ____ Name of Credit Card Holder _____ Please Print Name as it Appears On Card Signature of Credit Card Holder _____
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**\*\* Please note: Cheques returned NSF will be subject to a \$25.00 administration fee**