

Upper Island Safety Conference
REGISTRATION FORM

May 25—26, 2015

CAMPBELL RIVER SPORTSPLEX—1800 SOUTH ALDER ST.

Contact Information:

Organization: _____ Profession: _____
(i.e. construction, forestry, recreation etc.)

Name: _____ Title: _____

Address: _____ City: _____

Prov./State: _____ Postal Code/Zip: _____ Email: _____
Please fill in— we email you updated conference info!

Tel: (h) _____ (w) _____ (fax) _____

Billing Address (if different): _____ Billing Contact: _____

Payment Information:

Preferred Session Options:

Safety Conference Early Registration—\$235 \$ _____
(per person if registered by April 7th)

Session #1: A B C

Safety Conference Late Registration—\$305 \$ _____
(per person if registered April 8—May 20)

Session #2: A B C

Safety Conference X-Late Registration—\$375 \$ _____
(per person if registered after May 20th)

Session #3: A B C

Post Conference Workshop Early Rate—\$295 \$ _____
Effective Communications (per person if reg. by April 7th)

Session #4: A B C

Post Conference Workshop Late Rate—\$365 \$ _____
Effective Communications (per person if reg. after April 7th)

Session #5: A B C

Subtotal \$ _____

Session #6: A B C

PLEASE ADD 5% GST (820327013) \$ _____

Food Preferences:

TOTAL \$ _____

Vegetarian Allergies (list below)

Payment Information:

Enclosed Check or Money Order
Make payable to:
Strathcona Regional District—225 South Dogwood St., Campbell River, BC, V9W 8C8

Please Charge My: VISA MasterCard

Card Number: _____

Name on Card: _____

Expiry Date: _____

Signature: _____

Registration Options:

INFO: 250-287-9234

FAX TO: 250-287-3252

EMAIL: lolsson@strathconard.ca

