

REGISTRATION FORM

Name: _____

Organization: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

Phone: _____

Fax: _____

Email: _____

I wish to attend:

CRPNM Awards Dinner _____ tickets @ \$30.00 each before April 30
\$35.00 each after April 30

Conference (*breakfast & lunch included*) _____
\$100.00 Regular before April 30
\$125.00 Regular after April 30
\$25.00 Full-time student

Awards Dinner & Conference _____
\$125.00 Regular before April 30
\$150.00 Regular after April 30
\$50.00 Full-time student

Total \$ _____

METHOD OF PAYMENT

Cheque/Money Order

Agency Payment

Visa

MasterCard

Card # _____

Expiry Date _____

Signature _____

Please make cheques payable to CRPNM

E-mail to crpnm@crpnm.mb.ca

Fax to (204) 888-8638

Mail to: CRPNM 1854 Portage Avenue, Winnipeg MB R3J 0G9