

First Name: _____ Last Name: _____

Title: _____ Agency: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Business Phone: _____ Cell Phone: _____ FAX: _____

Email: _____

If you are registering more than one delegate, please use the group registration form

Please indicate your individual session choices here:

Session 1 _____ Session 2 _____ Session 3 _____

Early Bird Registration

(Registrations received before November 20st, 2009.)

Member # delegates _____ @ \$ 360.00

Non Member # delegates _____ @ \$ 425.00

Registration AFTER November 20st, 2009

Member # delegates _____ @ \$ 400.00

Non Member # delegates _____ @ \$ 475.00

Day Passes:

Monday \$275.00

Tuesday \$150.00

Additional Dinner tickets # tickets _____ @ \$ 75.00

Additional Lunch tickets # tickets _____ @ \$ 50.00

(Includes Presentation and Entertainment by Tom Jackson)

GST 5%\$ _____

TOTAL Registration fees:

\$ _____

PAYMENT MUST ACCOMPANY REGISTRATION PAYMENT METHOD

Cheque/Money Order

Make Cheques payable to AASCF

Name on Credit Card: _____

Visa

MasterCard

Amex

Address: _____

City/Town: _____ Prov.: _____ Postal Code: _____

Daytime Phone: _____ Evening Phone: _____

Credit Card Number: _____ Expiry Date: _____

Signature of Cardholder: _____

**Mail Registration and Payment to: AASCF, Suite 258, Bonnie Doon Mall, 8330-82 Avenue,
Edmonton, AB, T6C 4E3 or Fax: 780.428.3844**