

Recreation Facility Development Conference Registration

April 9 & 10, 2010 - Liverpool, NS

DELEGATE INFORMATION

Last Name:		First:	
Organization:			
Mailing Address:			
City:		Prov:	Postal Code:
Phone: ()	Fax: ()	Email:	
		Do you have any dietary restrictions or special needs? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please specify:
METHOD OF PAYMENT:	<input type="checkbox"/> Cheque (enclosed)	<input type="checkbox"/> Visa	<input type="checkbox"/> MC
	<input type="checkbox"/> Invoice Me (net 30 days)	Card #:	
		Expiry Date (MM/YEAR):	/
		Signature:	

CONFERENCE PACKAGE

Included in the Full Conference Package:
All sessions, nutrition breaks, conference material and lunch on Saturday April 10.
Conference fee is \$49.95 + HST

ADDITIONAL DELEGATE INFORMATION

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Phone: ()	Fax: ()	Email:	

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CONFERENCE FEES TOTAL

Total Number of Delegates = _____ @ \$49.95 each		= TOTAL \$ _____
		+ HST
		\$ _____
HST # 885076364	TOTAL:	\$ _____

SEND REGISTRATION FORM TO:

RFANS
5516 Spring Garden Road, 4th Floor
Halifax, NS B3J 1G6

Phone: (902) 425-5450 ext 330 Fax: (902) 425-5606 Email: rfans@sportnovascotia.ca Website: www.rfans.com

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