

Professional Learning Registration Form

 First Name Last Name

 Mailing Address

 City Province Postal Code

 Email Address Telephone Number

Registration Fees (please circle fee that applies):

Please check which course(s) you are registering for: **Members/Non-Members**

RISKY PLAY – April 19 – May 2, 2018 **\$60/\$150**

To register using Member rates please provide your AECEO Member # _____

Or become a member for \$70 a year and save \$
(in addition to all the other great reasons to be member!)

YES, Sign me up! 1 yr Professional EMP membership \$70

TOTAL AMOUNT DUE \$ _____

Payment Method

Cheque Visa MasterCard

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Expiry Date: _____ / _____ **Name on Card:** _____

Please provide your email address above as confirmation of registration will be emailed to you.

Cancellations will be accepted upon receipt of a written request (email acceptable) no later than 10 days prior to event start date. No refunds will be issued after this date.

Please forward completed form to:

AECEO Provincial Office
 489 College St. W., Ste. 206 Toronto, ON
 M6G 1A5 or Fax to (416) 487-3758
 Email: info@aeceo.ca