# 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*):**

| | ***Members/Non-Members*** |
|---|---|
| ☐ **RISKY PLAY – November 7-20, 2019** | **$80/$150** |

To register using Member rates please provide your/your organization's 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