

GROUP REGISTRATION – please print clearly

Group Contact Name/Group Leader Ms Mr Dr
Position _____
School / Organization _____
Address _____
City _____ Province _____ Postal _____
Work Phone [] _____ Work Fax [] _____
Home Phone [] _____ Email _____

Upon processing of registration and payment, an emailed confirmation notice will be sent.

Are you attending the workshop? yes no
Please keep me informed by: emailed newsletter brochure in mail both

Workshop Information

Workshop Name _____
Workshop Date _____
Workshop Speaker _____ Location _____

Group Members

Name _____	Email _____	<input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr
Name _____	Email _____	<input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr
Name _____	Email _____	<input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr
Name _____	Email _____	<input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr
Name _____	Email _____	<input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr
Name _____	Email _____	<input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr
Name _____	Email _____	<input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr
Name _____	Email _____	<input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr
Name _____	Email _____	<input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr
Name _____	Email _____	<input type="checkbox"/> Ms <input type="checkbox"/> Mr <input type="checkbox"/> Dr

Total Number of Group Members: _____

If more space is needed, please print a second copy and attach it.

Please refer to the website: www.jackhirose.com to find the per-person group rate for the workshop.

Payment must be received by early bird cutoff date to qualify for the early bird rate.

Your Total: [Total # of Group Members] _____ X [Per-Person Group Rate] \$ _____ = \$ _____

Please specify One Receipt for Group Individual Receipts

PRICES INCLUDE 5% GST

PAYMENT Cheque Visa MasterCard

Card Number _____
Name on Card _____ Expires _____
Signature _____ Cheque # _____



Please complete and return with your payment to:

Jack Hirose & Associates Inc.
1770 Orkney Place, North Vancouver, BC, Canada V7H 2Z1
Phone 604.924.0296, Toll-free 1.800.456.5424, Fax 604.924.0239
Email registration@jackhirose.com | www.jackhirose.com

WORKSHOP REGISTRATION TERMS & CONDITIONS

Group Rates: To be eligible for group rates, names of group members should be submitted together by the assigned Group Leader. Separate payment may be submitted by each participant – please ensure the Group Leader name is referenced on each registration. Please specify if one group receipt is sufficient or if separate receipts are needed.

Registration Fee Includes: Reference notes, conference certificate of completion, morning coffee & muffins, refreshment breaks. Lunches are not included, except in the case of the four day Intensive. Prices include 5% GST or 13% HST in the Maritimes.

Continuing Education Credits: Canadian Psychological Association, Canadian Counselling Association, Canadian Addiction Counsellors Certification Federation, Association of Social Work Boards, Canadian Association of Rehabilitation Professionals, Canadian Professional Counselling Association, Employee Assistance Certification Commission.

Send payment by cheque, VISA or Master Card made out to Jack Hirose & Associates Inc. **Sorry, we are unable to accept purchase orders.**

Upon processing of registration and payment we will email a confirmation and receipt notice.

Cancellations: If you are unable to attend, you are invited to send an alternate in your place, at no extra cost. Please notify us of the name of the alternate, so that we may correct our records and minimize confusion at check in. Refunds (or a credit towards future Jack Hirose & Associates training) will be available, minus \$40 admin fee, 14 days or more before the workshop. **All cancellations must be submitted in writing.** No refunds under any circumstances will be made thereafter. Our liability is limited to refunds for workshop fees only. Jack Hirose & Associates Inc. reserves the right to cancel the workshop. Please make hotel & travel arrangements with this in mind.

Note: Jack Hirose & Associates is not responsible for any presenter's or participant's statements, acts, materials, or omissions. The use of audio and video taping devices, beepers, and cell phones is not permitted at any workshop. Children and unregistered guests are not permitted in the meeting rooms.

Group Registration Spr 2010