

208-197 Forester St North Vancouver, BC Canada V7H 0A6 т 604 924 0296 т**г** 1 800 456 5424 **г** 604 924 0239

GROUP REGISTRATION FORM (Cheques)

GROUP INFORMATION

Organiz	zation:				
Group 1	Leader:		Email:		
Phone Number:			Address:		
EVEN	T INFORMATION				
Event a	and Speaker Name:				
Date: _	City:			Province:	
GRO U 1.	JP MEMBERS (please include or Full Name:	·		C	•
	Address:		_ City:		Province:
	Postal Code:	Phone #: _			
2.	Full Name:		_ Email:		
	Address:		_ City:		Province:
	Postal Code:	Phone #: _			
3.	Full Name:		_ Email:		
	Address:		City:		Province:
	Postal Code:	Phone #: _			
					44
*/ *(heque # Each member will be charged an addi Group registrations are not eligible fo	itional \$10 m or a refund or	anual registrat r credit. Replac		
	o calculate the total, please use the fold Group Rate + \$10) + tax x Number				

For more information, please contact: registration@jackhirose.com



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4.	Full Name:		_Email:	
	Address:		_City:	Province:
	Postal Code:	Phone #:		
5.	Full Name:		Email:	
	Address:		_ City:	Province:
	Postal Code:	Phone #:		
6.	Full Name:		Email:	
	Address:		_ City:	Province:
	Postal Code:	Phone #:		
7.	Full Name:		_Email:	
	Address:		_ City:	Province:
	Postal Code:	Phone #:		
8.	Full Name:		Email:	
	Address:		_ City:	Province:
	Postal Code:	Phone #:		
9.	Full Name:		Email:	
	Address:		_ City:	Province:
	Postal Code:	Phone #:		
10.	Full Name:		Email:	
	Address:		City:	Province:
	Postal Code:	Phone #:		
Ch	eque#	Please attach to registration fo	orm)	

*Group registrations are not eligible for a refund or credit. Replacements are subject to a \$25.00 fee.

[(Group Rate + \$10) + tax] x Number of Registrants = TOTAL

To calculate the total, please use the following equation:

*Each member will be charged an additional \$10 manual registration

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11.	Full Name:		_ Email:		
	Address:		_ City:	_ Province:	
	Postal Code:	_ Phone #: _			
12.	Full Name:		Email:		
	Address:		_ City:	_ Province:	
	Postal Code:	_ Phone #: _			
13.	Full Name:		Email:		
	Address:		_ City:	_ Province:	
	Postal Code:	_ Phone #: _			
14.	Full Name:		Email:		
	Address:		_ City:	_ Province:	
	Postal Code:	_ Phone #: _			
15.	Full Name:		Email:		
	Address:		_ City:	_ Province:	
	Postal Code:	_ Phone #: _			
16.	Full Name:		Email:		
	Address:		_ City:	_ Province:	
	Postal Code:	_ Phone #: _			
17.	Full Name:		Email:		
	Address:		City:	Province:	
	Postal Code:	_ Phone #: _			
Ch	egue #	a	Please attach to registration form)		

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