

208-197 Forester St | **T** 604 924 0296 North Vancouver, BC 

**TF** 1 800 456 5424

## **GROUP REGISTRATION FORM (Cheques)**

## **GROUP INFORMATION**

Group l	Leader:		Email:	
hone l	Number:			
EVEN	T INFORMATIO	N		
Event a	nd Speaker Name:			
Date: _		City:		Province:
	•	ease include only those w		,
1.				
	Postal Code:	Phone #: _		
2.	Full Name:		_ Email:	
	Address:		_ City:	Province:
	Postal Code:	Phone #: _		
3.	Full Name:		_ Email:	
	Address:		_ City:	Province:
	Postal Code:	Dhone #:		



208-197 Forester St | **T** 604 924 0296 North Vancouver, BC **TF** 1 800 456 5424 Canada V7H 0A6 | **F** 604 924 0239

4.	Full Name:		_ Email:	
	Address:		_ City:	_ Province:
	Postal Code: I	Phone #: _		
5.	Full Name:		Email:	
	Address:		_ City:	_ Province:
	Postal Code: I	Phone #: _		
6.	Full Name:		Email:	
	Address:		_ City:	_ Province:
	Postal Code: I	Phone #: _		
7.	Full Name:		Email:	
	Address:		_ City:	_ Province:
	Postal Code: I	Phone #: _		
8.	Full Name:		_ Email:	
	Address:		_ City:	_ Province:
	Postal Code: F	Phone #: _		
9.	Full Name:		_ Email:	
	Address:		_ City:	_ Province:
	Postal Code: F	Phone #: _		
10.	Full Name:		_ Email:	
	Address:		_ City:	Province:
	Postal Code: I	Phone #: _		
	neque #ch member will be charged an addition calculate the total, please use the follow		_	orm)
	Group Rate + \$10) + tax] x Number of			
Fo	r more information, please contact: regi	stration@	jackhirose.com	
Fo	r group terms & conditions, please visit	: http://w	ww.jackhirose.com/group/.	



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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 #: _					
Cheque #(Please attach to registration form)  Each member will be charged an additional \$10 manual registration							
To calculate the total, please use the following equation:  [(Group Rate + \$10) + tax] x Number of Registrants = TOTAL							
For more information, please contact: registration@jackhirose.com							
Fo	For group terms & conditions, please visit: http://www.jackhirose.com/group/.						