



# PROFESSIONAL DEVELOPMENT WORKSHOP REGISTRATION FORM

**NOTE: If you are only registering yourself, your name is not required in the workshop section.  
If you are a centre/organization registering more than one individual, please indicate the  
name of each person registering beside the workshop they have chosen.  
You do not have to use a separate form for each staff.**

**(Please print names to ensure proper spelling on certificates)**

Name: \_\_\_\_\_ MCCA# \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (204) \_\_\_\_\_ Work Phone: (204) \_\_\_\_\_ Personal Email: \_\_\_\_\_

Centre/Organization Name: \_\_\_\_\_ MCCA# \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (204) \_\_\_\_\_ Fax: (204) \_\_\_\_\_ Email: \_\_\_\_\_

PARTICIPANT NAME	MCCA #	WORKSHOP CODE	WORKSHOP NAME	AMOUNT DUE
I require a vegan <input type="checkbox"/> vegetarian <input type="checkbox"/> gluten free <input type="checkbox"/> lunch for workshop code _____				
<b>TOTAL ENCLOSED</b>				

Cheque# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

**Mail Registration to: Manitoba Child Care Association, 2nd Floor, 2350 McPhillips Street, Royal Bank Building,  
Winnipeg, Manitoba R2V 4J6**

*\*\* If you wish to pay by credit card please use our online payment options*