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 ☐ **vegetarian** ☐ **gluten free** ☐ **lunch for workshop code** _____					
			TOTAL ENCLOSED		

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*