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	
Handle With Care Participant Manual _____ x $15.00					
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*