NORMAN PROFESSIONAL DEVELOPMENT
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, list the name of each person registering along with their personal phone number and MCCA #. 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) _____ **Email:** _____

PARTICIPANT NAME	Participant Phone #	MCCA #	AMOUNT
****** I require a special meal:**			
Vegetarian _____ **Gluten Free** _____ **Vegan** _____		**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*