

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, 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)		Email:					
PARTICIPANT NAME	MCCA # Participa		nt's Email Wo		rkshop Code AMOUNT		
**** I require a special meal:							
Vegetarian Glute	en Free Vegan			TOTAL EN			
Cheque#	que# Amount \$			Date Received:			
Mail Registration to: Manitoba Ch		n, 2nd Floor, 23! nnipeg, Manitob	•	, Royal Bank	Building,		