



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) _____ Email: _____

PARTICIPANT NAME	MCCA #	PARTICIPANT'S EMAIL	WORKSHOP CODE	MEALS (V, Veg, GF)	AMOUNT DUE	
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