

CONFERENCE FEES

Please photocopy this completed form for your records and return original, with all applicable fees, by March 31, 2010 to:

ABC 2010
Box 242
Red Deer, AB T4N 5E8

Registration # _____



If a non-participating spouse/friend is attending, please copy this form— a separate registration form must be completed for each individual.

Last Name _____ First Name _____

Address _____

City _____ Prov/State _____ Postal/Zip _____

Day Phone _____ Evening Phone _____

Email _____ Cell Phone _____

REGISTRATION FEES (CANADIAN FUNDS)	Price	Total
2— 2½ day classes plus evening activities		
Registered by December 31, 2009	\$485	\$
Registered after December 31, 2009	\$525	\$
Accommodation—Sunday to Thursday, inclusive	\$210	\$
Meal Plan	\$190	\$
Additional Barbeque Ticket	\$20	\$
Commemorative Newsletter (including postage)	\$10	\$
Sub-Total		\$
Less Deposit		\$
Balance Due		\$

**ABC 2010 appreciates your payment in Canadian funds.
For US registrants, please purchase a Canadian postal money order.**

REFUND POLICY

Up to June 1, 2010 – With no exceptions, all cancellations will result in a \$50 non-refundable fee.

June 1 to July 15, 2010 – 50% of the registration fee will be refundable by written request.

After July 15, 2010 – Absolutely no refunds will be processed unless your space can be filled from a wait list by ABC 2010. If your space can be filled, upon written request, you will receive a 50% refund of the registration fee.

First Name _____ **Last Name** _____
Registration # _____

MEDICAL & EMERGENCY INFORMATION

 Emergency Contact Name

 Relationship to you

 Day Phone

 Evening Phone

 Cell Phone

 Medical Concerns

 Dietary Needs

 Special equipment or assistance for my disability is required:

ACCOMMODATIONS

I do not require accommodations.
 I will make my own arrangements to stay off-site.

Roommates must request each other. If no roommate(s) are requested, we will book you with people of the same sex and will do our best to match those with similar habits.

I am Male Female
 Smoker Non-smoker
 Night hawk Early riser
 Light sleeper Snorer

Roommate(s) requested:
 1. _____
 2. _____
 3. _____

CLASS REGISTRATION

Please indicate your first 4 choices for each 2½ day class.

CHOICE		CODE	INSTRUCTOR/CLASS
1	Mon-Wed		
2	Mon-Wed		
3	Mon-Wed		
4	Mon-Wed		
1	Wed-Fri		
2	Wed-Fri		
3	Wed-Fri		
4	Wed-Fri		

NAME BADGE

Please indicate your name as you would like it to appear on your name badge:

First Name

Last Name

City

Province/State

CREATIVE MARKET

- I would like a table at the Creative Market on Tuesday evening, August 10th.

Items I plan to bring for sale may include the following:

DEMONSTRATIONS

- I would be interested in providing a demonstration at the Creative Market on Tuesday evening, August 10th.

Activities may include the following:

SHUTTLE

- I would be interested in utilizing a shuttle from the Calgary Airport, if schedules and availability permit. Fee to be determined.

GUILD BANNER

- I plan to bring a banner from my home Guild for display during the week.

Special considerations include:

Home Guild

CONTRIBUTIONS

- I would like to contribute to the Registration Package .
- I will bring an item(s) for a door prize and/or silent auction contribution. Item(s) I plan to contribute:

FREEDOM OF INFORMATION

- I do not wish to have my name and address published in the Conference roster.