



Community Resources Information Fair April 4, 2023



Registration Form

Company: _____

Contact Name: _____ **Contact Title:** _____

Email: _____ **Alternate Email:** _____

Website: _____ **Facebook:** _____ **Twitter:** _____

Address: _____ **City:** _____ **Prov.:** _____

Postal Code: _____ **Phone:** _____ **Fax:** _____

Cost: Includes table and refreshments for 1 person	# _____ x	\$150.00 = \$ _____
Extra person	# _____ x	\$60.00 = \$ _____

Method of Payment <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card (MC/Visa) <input type="checkbox"/> EFT (contact ASCHA)

Sub-Total = \$ _____

Plus 5% GST = \$ _____

Total Amount Due: = \$ _____

Credit Card Number: _____ CVC Code: _____ Expiry Date (mm/yr): _____

Cardholder Name: _____ Cardholder Signature: _____

Authorized By
(Signature)

TABLE PERSONNEL

Please provide name and title and email of representative

First, Last Name:	
Title:	Email:
First, Last Name:	
Title:	Email:

ORGANIZATION PROFILE REQUIRED

Please provide a description of your organization (max. 100 words or email to events@ascha.com)

