



Workshop Registration Form

Please use this form to register for professional development events advertised on THRC flyers.

Contact Individual _____ **Phone** () _____ - _____
(If this is an organizational billing, indicate the person who will receive the invoice) **Email:** _____

Name of Organization _____

Date: _____

Registration Information

1. Workshop Date and Title: _____
 (fill out additional registrations on reverse)

Name of Registrants: (please print clearly)	<i>If you are a THRC Member, please include your number</i>	Cost
_____	THRC Membership # _____	\$ _____
_____	THRC Membership # _____	\$ _____
_____	THRC Membership # _____	\$ _____
		Total Cost \$ _____

Payment Options

- | | |
|---|---|
| <input type="checkbox"/> Cash (in advance paid at THRC)

<input type="checkbox"/> Credit card (we will contact you for your credit card number) | <input type="checkbox"/> Cheque (make payable to MCRC)

<input type="checkbox"/> Organizational Billing <i>(for those with an organizational membership)</i>
Billing Info: _____

<i>(want an organizational membership, contact THRC)</i> |
|---|---|

In order to be registered for a THRC workshop, you must complete and send this form, with payment, to THRC before the advertised registration deadline.

Confirmation calls will be made within one week of the workshop. If you do not receive a confirmation call, please contact us to verify that you have been registered. Regrettably, we will have to turn away individuals who are not on the attendance list.

Please Mail Payment To:
 The Halton Resource Connection
 410 Bronte St. S, Milton, ON L9T 0H8
 Phone: 905-875-4600 Fax: 905-876-1273 www.thrc.ca info@thrc.ca

Registration Information

2. Workshop Date and Title: _____

Name of Registrants (please print clearly):	If you are a THRC Member, please include your number	Cost
_____	THRC Membership # _____	\$ _____
_____	THRC Membership # _____	\$ _____
_____	THRC Membership # _____	\$ _____
_____	THRC Membership # _____	\$ _____
		Total Cost \$ _____

Payment Options

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- Cheque (**make payable to MCRC**)
- Credit card (we will contact you for your credit card number)
- Organizational Billing (*for those with an organizational membership*)
Billing Info: _____
(want an organizational membership, contact THRC)

Registration Information

3. Workshop Date and Title: _____

Name of Registrants (please print clearly):	If you are a THRC Member, please include your number	Cost
_____	THRC Membership # _____	\$ _____
_____	THRC Membership # _____	\$ _____
_____	THRC Membership # _____	\$ _____
_____	THRC Membership # _____	\$ _____
		Total Cost \$ _____

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