Registration

Name: Last **First**

Address

Position

City **Province/State** **Postal Code**

Organization (as to appear on name tag)

Country **Telephone** **Fax**

Special needs (wheelchair access, allergies, etc.)

E-mail

CONFERENCE FEES (Cost per person)

✓ All inclusive Conference registration
(Reception Friday June 4th – Presentations/Workshops Saturday, June 5th 2004)

_____ X $75 = _____

SOCIAL EVENT

✓ Science North Reception – Gold Room – **Friday, June 4th 2004**

Student _____ X $10 = _____
Adult _____ X $15 = _____
Couple _____ X $25 = _____

Method of Payment: (circle your choice) Visa Master Card Cheque Purchase Order

Card #: _____ Expiration Date: _____

Signature: _____

Note: All costs include Goods and Services Tax. Please make cheque or money order payable to Districts of Sudbury & Manitoulin Training and Adjustment Board or provide your Visa/Master card # and expiration date.

Send registration form to:
Kyoto Accord and Our Community
111 Elm Street, Suite 106
Sudbury, Ontario P3C 1T3
Tel: (705) 675-7036
Fax: (705) 675-5918
Email: kyoto@smtab.on.ca