

Registration Form

Please print clearly

Name: _____

Organization: _____

Address: _____

City: _____ **Postal Code:** _____

Telephone: _____ **fax:** _____

E-mail: _____

I would like to attend: _____
workshop/workshops

Date/Dates: _____

Payment Information:

MIAG member: \$15.00 Non-member: \$25.00

I am a: () Member () Non-Member

Enclosed is my payment of \$ _____

Kindly mail the completed registration form with the appropriate cheque to:

Multicultural Inter-Agency group of Peel, 3034 Palstan Road, Suite # M3, Mississauga, ON L4Y 2Z6

Shall we make a receipt out to: () Individual () Organization

All registration must be accompanied with payment.

Thank you