



Community Education Day Registration Form

Dr. Nancy Reeves presenting:
Children & Grief and Grief in the Workplace

April 19, 2012 ~ 9:00 – 3:00
Chilliwack Arts Centre
45899 Henderson Ave.

\$90.00 includes lunch and refreshments in each session

Deadline for registration: April 12/12

Name _____ Organization's Name _____
(List attendees below)

Address _____ Phone _____

City _____ Prov _____ Postal Code _____

Name(s) of attendees (attach additional sheet for more attendees):

Name _____	Email _____
Name _____	Email _____
Name _____	Email _____
Name _____	Email _____

Number of Regular Lunches _____ **Vegetarian Option** _____

Cheques payable to **Chilliwack Hospice Society** total registered: _____ total amount enclosed: _____

Cheque Cash (do not mail) Money Order Credit Card

_____ Expiry Date: _____ / _____
Card Number

_____ Signature

Registration form may be faxed or mailed to:
Chilliwack Hospice Society
45360 Hodgins Ave, Chilliwack, BC V2P 1P5
Phone: 604.795.4660 Fax: 604.795.2476