

Please **PRINT** clearly and fill in **ALL** areas to avoid delays in your registration

GROUP REGISTRATION NAMES ON SEPARATE SHEET PLEASE

Registration:
Dr. Jean Dodds
Markham, Ontario
October 17, 2010
La Rosa Banquet Hall, 25 Lanark Drive



Name of Attendee or Organization: (For your receipt): _____

Name of Attendee (For Certificate of Attendance): _____

Please print this name in Upper and Lower Case for Certificate.

Address: _____

Home Phone: () _____ Bus Phone:() _____ Fax:() _____

Email: _____

PRICES ARE PER PERSON. PAYMENTS ARE NON REFUNDABLE.

GENERAL ADMISSION / EARLYBIRD (Price per Person)
Received **Before Oct 1:** \$145.00 + 13% HST = **\$163.85**
Received **On or after Oct 1:** \$175.00 + 13% HST = **\$197.75**
Received **At the door:** \$200.00 + 13% HST = **\$226.00**

10% Discount - SPECIAL ADMISSION / GROUP RATE
Rescue/Shelter workers
Members: Dog Legislation Council of Canada
or American Staffordshire Club of Canada
Groups of 5 or more on the same registration payment.
Received **Before Oct 1:** \$130.50 + 13% HST = **\$147.47**
Received **On or after Oct 1:** \$157.50 + 13% HST = **\$177.98**
Received **At the door:** \$180.00 + 13% HST = **\$203.40**

15% Discount - FOX-FIRE PREFERRED ADMISSION
Those who have attended any three Fox -Fire seminars
Received **Before Oct 1:** \$123.25 + 13% HST = **\$139.27**
Received **On or after Oct 1:** \$148.75 + 13% HST = **\$168.09**
Received **At the door:** \$170.00 + 13% HST = **\$192.10**

METHOD OF PAYMENT:

Check Credit Card Interac

Payment by Check:

Mail your check and this form to:
Bev Lewis
Box 1228, Bradford, Ontario L3Z 2B6
Make checks Payable to:
Fox-Fire Publishing Inc.

Payment by Credit Card:

Email or Fax this signed form to
PRIVATE fax 905-775-6323
(see below for Credit Card form)

Payment by Interac:

Email your interact payment to
Bev@foxfirepublishing.ca and then mail,
email or fax this form

PAYMENT BY CREDIT CARD: VISA MASTERCARD

Email or Fax this signed form to: PRIVATE fax 905-775-6323

Credit Card Number: _____

Cardholder Name: _____

Card Holder Signature: _____

Expiration Date of Card: _____

YOUR LUNCH PREFERENCE:

Regular Vegetarian

Hosted by:



Whatever your method of payment, please fill out this section.

Number of Attendees () Total Reservation fee \$ _____
see per person prices above