



**SEMINAR REGISTRATION FORM**  
**CHRIS BACH**  
**Third Way Foundation Workshop**  
**(2 days 8:30 am - 5:00 pm)**  
**Barrie, Ontario**  
**October 13 & 14, 2007**



Name of Attendee or Organisation: (For receipt purposes) \_\_\_\_\_

Full Postal address: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

Email: \_\_\_\_\_

**I understand that in accordance with Ontario Regulations 157/05 (Dog Owners Liability), which came into force on August 29, 2005, there may be, what are now deemed to be "restricted dogs" present at this seminar that are exempt of any muzzle requirements as of the provisions of "Dog Shows" contained in sections 3, 4, and 5 of those Regulations.**

**With my registration and attendance at this event, I release the Seminar Organisers, Venue, Instructors/Speaker and Assistants, and all other parties connected to the organisation and presentation of this seminar, and handlers/owners of any other dogs of any liability incurred, either foreseen or unforeseen, of any damage, whatsoever, to my property or me.**

**I further understand that, with my signature affixed hereto, I am accepting full and complete liability for any damages caused by me to facilities, other persons or animals belonging to other persons in attendance at these events.**

**By affixing my signature to this form and by my payment for registration, I am acknowledging that I have read this form and that I am responsible for any liability as described herein.**

\$250.00 + 6% GST = \$265.00  
 At the Door: \$275.00 + 6% GST = \$292.50  
 Includes: Continental breakfast, lunch (vegetarian / regular), refreshments all day, am/pm snacks, seminar notes, personalised Certificates of Attendance, pens, custom note paper, door prize.

10% Discount  
 Rescue/Shelter/Animal Control Workers  
 OR Groups of 5 or more on the same Registration Form  
 OR Members of The Dog Legislation Council of Canada,  
 or The American Staffordshire Club of Canada,  
 or Golden Horseshoe American Pit Bull Terrier Club

**Payment in full must accompany your registration**

**Check Payment?** Mail your check and this form by regular post mail to Bev Lewis, Box 1228, Bradford, Ontario L3Z 2B6

**Fax Payment with credit card?** Fax this form to 905-775-6323

**NO Refunds**

Method of payment: Cheque  Visa  Mastercard  Lunch: Regular  Vegetarian

Number of Attendees (        ) at \$ \_\_\_\_\_ + 6% GS = Total reservation fee \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

(List Attendance Certificate names on separate sheet if different from receipt name)

Cardholder Name: \_\_\_\_\_

**D Card Holder Signature:** \_\_\_\_\_

Expiration Date of Card: \_\_\_\_\_

Date: \_\_\_\_\_

