



SACHA Education Event Registration Form

110, 2526 Battleford Avenue SW, Calgary, AB, T3E 7J4 P (403) 233-0969 F (403) 237-9181 www.sacha-coop.ca

NAME: _____

PHONE: _____

EMAIL: _____

CO-OP: _____

Please put a check mark in the box beside the workshop(s) of choice:

AM WORKSHOPS - 9:15 TO 12:00 (Choose one)

1. Steps to Selecting Successful Members Yes: No:

2. Unit Inspection Workshop Yes: No:

LUNCH - 12:00 TO 1:00

Special Dietary Needs & Allergies (Including gluten-free and vegetarian): _____

PM WORKSHOPS - 1:00 TO 4:00 (Choose one)

1. Capital Planning and Asset Management Yes: No:

2. Conflict Resolution: What Helps and What Hinders Yes: No:

EVENT FEES

Full Day Rate for SACHA Members per person **\$140** \$ _____

Full Day Rate for non-SACHA members per person **\$270** \$ _____

Half Day Rate for SACHA members per person **\$110** \$ _____

Half Day Rate for non-SACHA members per person **\$210** \$ _____

Less \$10 before October 11, 2012 **SUBTRACT** \$10 = _____

Add \$10 if after October 12, 2012 **ADD** \$10 = _____

SUBTOTAL \$ _____

ADD **5% GST** \$ _____

Please submit payment with registration via fax or mail. **TOTAL** \$ _____