

Please print and complete by printing in the spaces provided, leave the financial section blank and we will do the calculations and advise you on amount owing, if any. Once complete, please scan and email to events@bccca.com.

Registration Form

Instructions:

1. Only fill in the yellow squares. The two questions are choices from a drop down menu.
2. Even if you don't have any guests, please fill your information in each of the session you wish to attend, it will help us plan for space and food and beverage allocations. There is no need to register for the non concurrent sessions, you will be automatically registered into those.
3. Once completed, email to events@bccca.com. Forward any questions to ceo@bccca.com

Please provide the name and contact information of the person we should send the invoice to, if there are fees due.

| | |
|------|-------|
| Name | Email |
| | |

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|-------------------------|------------------------------|-----------------------|
| Are you a BCCCA Member? | Fee(On or Before October 15) | Fee(After October 15) |
| No | \$ 400.00 | \$ 450.00 |

| | | |
|---------------------------------------|-----------|-----------|
| How Many guests will you be bringing? | Fee | Fee |
| 1 | \$ 100.00 | \$ 150.00 |

| | | |
|--------------|------------------|------------------|
| Total | \$ 500.00 | \$ 600.00 |
|--------------|------------------|------------------|

Concurrent Session Registration

Day 1-November 9

| | | |
|------|-----------|---------------|
| Name | Job Title | Email Contact |
|------|-----------|---------------|

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| Admissions: | |
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| International Working Group | |
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| Healthcare Working Group | |
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Day 2-November 10

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|------|-----------|---------------|
| Name | Job Title | Email Contact |
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| Student Aide/FAW Level 4 | |
|---------------------------------|--|

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| OnLine Learning | |
|------------------------|--|