

CFHA 2015 AGM Registration Form

Name(s) of Attender(s) Please Print:

1. Last Name: _____ First Name: _____

2. Last Name: _____ First Name: _____

3. Last Name: _____ First Name: _____

4. Last Name: _____ First Name: _____

5. Last Name: _____ First Name: _____

6. Last Name: _____ First Name: _____

Registration:	# attending	Cost
---------------	-------------	------

a) Full Program (includes Business Meeting, lunch, afternoon program, dinner and keynote)		
Early registration \$50.00 (payment received by August 31)	_____ @ \$50.00 = \$	_____

After August 31 full program registration: \$60.00	_____ @ \$60.00 = \$	_____
---	----------------------	-------

b) Attend dinner and keynote presentation only	_____ @ \$30.00 = \$	_____
--	----------------------	-------

c) Attend Business Meeting only: No Charge

Total Amount enclosed: \$ _____

Registration is confirmed when payment is received. Please make cheques payable to:
Canadian Friends Historical Association.

Contact Information:

Name of contact person:

e-mail: _____ phone: _____

Address: _____ Street/Apt.# _____

City/Town: _____

Province/State _____

Country _____

Zip/PC _____