

REGISTRATION FORM

Annual Summer Conference

August 7 - 9, 2015

Mount Allison University, Sackville, NB

Reg. No: _____

Name: _____

(Only one married couple or individual per registration form)

Address: _____

City: _____ Prov: _____

PC: _____ Phone: _____

ACCOMMODATIONS:

Single Room (1 bed + bath down hall)

_____ No of nights @ \$45.00 for 1 person night \$ _____

Single Ensuite Room(1 bed + semi-private bath)

_____ No of nights @ \$55.00 for 1 person/night \$ _____

Double Room (2 beds + bath down hall)

_____ No of nights @ \$75.00 for 2 people/night \$ _____

Double Ensuite(2 beds + private bath)

_____ No of nights @ 95.00 for 2 people/night \$ _____

Note: If you selected a double unit and are not a married couple,
please give your roommate's name: _____

_____ MEAL PLANS (5 Meals) @ \$65.00 \$ _____

REGISTRATION FEE:

SINGLE @ \$50.00 \$ _____

MARRIED COUPLE @ \$90.00 \$ _____

STUDENT & YOUTH @ \$15.00 \$ _____

FAMILY @ \$100.00 \$ _____

RENEWAL CENTER OFFERING

(To help defray costs and aid others to attend) \$ _____

TOTAL AMOUNT DUE: \$ _____

AMOUNT ENCLOSED: \$ _____

AMOUNT STILL OWING: \$ _____

Cheques made payable to:

Atlantic Service Committee, P. O. Box 225, Amherst, N S. B4H 3Z2

PLEASE NOTE: Registration Fee must accompany all registration forms.

(\$25.00 non- returnable fee for cancellations) For further information:

Phone: 1-902-667-7179 or Fax: 1-902-667-7017 or E-Mail: asc@ccrsatlantic.ca