

**ACTA EDUCATORS CONFERENCE 2016
Registration Form**

School:

Address:

City:

Postal Code:

Phone number:

FAX number:

Professor / Teacher:

Phone number:

E-Mail Address:

Professor / Teacher:

Phone number:

E-Mail Address:

Contact Information:

ACTA Endorsed school participants \$200.00

Non-endorsed school participants \$250.00

*Prices do not include tax

Method of Payment: Cheque:

Credit Card: VISA Master Card AMEX

Card #: _____ EXP Date: _____

Printed name on card: _____ CCV#: _____

Cardholder Signature:

Please return this form and payment to:

Christine

Chilton cchilton@acta.ca

ACTA 2560 Matheson Ave E, Suite 226, Mississauga, ON L4W 4Y9 FAX: 905 282 9826