

## **Professional Learning Registration Form**

First Name Last Name			
riist Name	Last Name		
Mailing Address			
City	Province	Postal Cod	е
Email Address	Telephone Number		
Registration Fees ( <i>ple</i>	ase circle fee that applies):		
Please check which course(s) you are registering for:		<i>M</i> e	mbers/Non-Members
<ul> <li>□ WHY BRAIN DEVELOPMENT MATTERS – October 18-31, 2018</li> <li>□ RISKY PLAY – January 17-30, 2019</li> <li>□ LANGUAGE, LITERACY AND NUMERACY – February 28-March 13, 201</li> </ul>			\$60/\$150 \$60/\$150 \$60/\$150
To register using Member	rates please provide your AECE	O Member #	
Or become a member fo	r \$70 a year and save \$ great reasons to be member!)		
(in addition to all the other	YES, Sign me up! 1 yr Prof	essional EMP membersh	nip \$70
		TOTAL AMOUNT D	UE \$
Payment Method			
∐Cheque ∐Visa	☐ MasterCard		
Expiry Date:/_	Name on Card:		
Please provide your email ad	ddress above as confirmation of regis	stration will be emailed to you	J.
Cancellations will be accepted date. No refunds will be issue	ed upon receipt of a written request (	email acceptable) no later tha	an 10 days prior to event start

**AECEO Provincial Office** 489 College St. W., Ste. 206 Toronto, ON M6G 1A5 or Fax to (416) 487-3758 Email: <u>info@aeceo.ca</u>

Please forward completed form to: