



St. John Ambulance Saint-Jean

Geneva Park '98

Planning for the Future – October 2nd – 4th, 1998

TO: Brigade Community Services
St. John Council for Ontario
46 Wellesley Street East
Toronto, ON M4Y 1G5

PLEASE REGISTER:

Name: _____

Address: _____

Tel #: _____

Suite #: _____

Fax #: _____

City: _____

Unit #: _____

Postal Code: _____

Type of Member: _____

Male
Female

Smoker: Yes
No

Position: _____

Years of Service: _____

Arriving before 6 p.m.
on October 2nd?

Yes
No

Roommate
Preference: _____
(print name)

Payment* must accompany registration – no faxes please.

Enclosed is my registration fee (cheque or money order) of \$ 160.00 made payable to St. John Council for Ontario.

Please debit my: MC VISA for \$ 160.00 to pay for my registration fee.

Cardholder's name: _____ Card #: _____

Card expiry date: _____ Cardholder's signature: _____

**Refunds up to September 25th are subject to a \$ 25.00 administration charge. No refunds will be granted after September 25th without a valid medical or family emergency due to financial commitments made by St. John Ambulance to Geneva Park on behalf of the delegates.*

ONE REGISTRATION FORM PER MEMBER – FORM MAY BE PHOTOCOPIED.
FURTHER DETAILS WILL BE SENT WITH REGISTRATION CONFIRMATION.