

GALA DINNER REGISTRATION FORM - APRIL 26, 2019

PLEASE PRINT

Full name: _____

Home mailing address: _____
Apt Street City Postal code

School board: _____ School name: _____

School address: _____
Apt Street City Postal code

School phone: _____ School fax: _____ School email: _____

Please indicate the category to which you belong:

- Practising Associate Non-Practising Associate Other
- Practising / Non-Practising Associates: number of Gala Dinner tickets required: _____ x \$135 = \$ _____
- Other: number of Gala Dinner tickets required: _____ x \$180 = \$ _____

AGM Designates are funded to attend the Gala Dinner.

Designates, please submit a Gala Dinner & AGM Registration form.

Payment of Gala Dinner:

Participants must forward payment with the registration form.

- VISA MasterCard Amount: \$ _____
- Credit card #: _____ Exp. date: _____ CVV: _____
- Name on the card: _____ Signature: _____

Please indicate any special dietary restrictions:

- CPCO has arranged for a block of guestrooms at the Delta Toronto Hotel. When calling to make a reservation, please identify yourself as being with Catholic Principals' Council Ontario to ensure that you receive the event rate.
- Event rate: \$235 single/double (toll free: 1-888-236-2427). Reservation cut-off date for the hotel is **March 25, 2019**.
- Full refunds will be given up to **March 22, 2019**.

DUE TO LIMITED SPACE, REGISTRATION AND PAYMENT IN FULL MUST BE RECEIVED BY MARCH 22, 2019

Please send the registration form to Gaby Aloï at galoi@cpco.on.ca.

Receipts will be issued with confirmation of registration.