

# April 9th—Speakers Evening—Registration Form

Company Name: \_\_\_\_\_

Name: Ms/Mrs/Miss/Mr/Dr \_\_\_\_\_ Job Title: \_\_\_\_\_

Address & City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

BCFPA Membership Status:      Regular       Student/Retired   
    Sustaining       New

Date of sending in registration: \_\_\_\_\_

Speaker Evening Registration Enclosed:

Membership (optional—if enclosed):

Cheque enclosed  and payable to:  
    *BC Food Protection Association*

VISA  Mastercard

Card Number: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

**Speaker Evening Registration Fees:**

Payment		
BCFPA Members	\$ 25	_____
Non-members	\$ 35	_____
Students	\$ 10	_____
<b>Speaker Registration Paid</b>	<b>\$</b>	<b>_____</b>

Price includes beverages, sandwiches and snacks

**Membership Fees:**

Individual Membership: \$30

Student / Retired : \$15

Sustaining Members:

Bronze Level: \$100  Silver Level: \$250  Gold Level: \$500

Membership Paid \$ \_\_\_\_\_

**If more than one person is attending, please list names below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mail or Fax Registration To:**  
 Lance Hill, c/o Health Canada  
 400 - 4595 Canada Way  
 Burnaby, BC, V5G 1J9  
 Fax: 604-666-3149