

DELEGATE REGISTRATION FORM

Name of Company/Institution: _____

Delegate Name(s): _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Delegate packages are all inclusive - participants can take part in the Trade Show, all sessions on Thursday, Friday, Saturday, and Sunday. Snacks, Breakfasts, Lunches, and Tickets to the Thursday Beer Garden and Friday Evening Social are also included.

Cancellation Policy

Cancellations received before January 5, 2019 will be subject to a 15% administration fee. After January 5, 2019, no fee refunds will be made, however, delegates may transfer their registration into another party's name.

| ITEM | QTY | PRICE | TOTAL |
|---|-----|-------|-------|
| Corporate Member Delegate <i>Earlibird*</i> | | \$489 | |
| Corporate Member <i>After January 5, 2019</i> | | \$550 | |
| Business Associate/Spouse <i>Earlibird*</i> | | \$435 | |
| Business Associate/Spouse <i>After January 5, 2019</i> | | \$489 | |
| Non-Member Delegate <i>Earlibird*</i> | | \$595 | |
| Non-Member Delegate <i>After January 5, 2019</i> | | \$645 | |
| One-Day Only Members | | \$289 | |
| One-Day Only Non-Members | | \$395 | |
| Half-Day Only Members <i>(Per half day)</i> | | \$159 | |
| Half-Day Only Non-Members <i>(Per half day)</i> | | \$220 | |
| Extra Friday Night Social Ticket | | \$79 | |
| Guest Meal Plan | | \$260 | |
| | | | |
| SUBTOTAL | | | |
| GST (5%) | | | |
| TOTAL | | | |

** Corporate members bringing more than one delegate will purchase one registration at the full delegate rate with additional delegates from that company registering under the Business Associate/Spouse Rate.*

THURSDAY, FEBRUARY 7, 2019

All-Day AM PM

FRIDAY, FEBRUARY 8, 2019

All-Day AM PM

SATURDAY, FEBRUARY 9, 2019

All-Day AM PM

Convention Delegate

Association Member

Non-Member

AOWMA

21115-108th Avenue
Edmonton, AB

Phone: 1-780-489-7471
Fax: 1-855-420-6332
Toll Free: 1-877-489-7471

administrator@aowma.com
www.aowma.com



CONVENTION FEES TO BE PAID BY:

VISA

MASTERCARD

CHEQUE

Billing Address: _____

Card #: _____

Expiry Date: _____ CVC: _____

Cardholder Name: _____

Signature: _____