



Name	Phone #
Organization & Role	
Address	
Email	

Register me for:	Time	Cost
<input type="checkbox"/> Board Roles & Responsibilities Thursday, October 8, 2009	6-9:00 p.m.	\$25.00/ea
<input type="checkbox"/> Effective Board Teams Thursday, October 15, 2009	6-9:00 p.m.	\$25.00/ea
<input type="checkbox"/> Planning and Evaluation Thursday, October 22, 2009	6-9:00 p.m.	\$25.00/ea
<input type="checkbox"/> Financial Stewardship Thursday, October 29, 2009	6-9:00 p.m.	\$25.00/ea
<input type="checkbox"/> Human Resources Stewardship Thursday, November 5, 2009	6-9:00 p.m.	\$25.00/ea
<input type="checkbox"/> <i>I'd like to attend ALL five sessions for a discounted rate!</i>	~~~	\$100.00/ea
Total:		_____
Method of Payment:		
<input type="checkbox"/> Cheque	<input type="checkbox"/> Invoice	Credit Card # _____
<input type="checkbox"/> Visa	<input type="checkbox"/> MC	Exp. date _____
		Signature _____

**Location: Great Northern Resort & Conference Centre
229 Great Northern Road, SSM, ON P6B 4Z2**

Limited Seating Available!