**REGISTRATION FORM**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Organization: |  |
| E-mail: |  |
| Monday dinner (flat rate charge TBD) | Yes I will attend / No I will not attend |
| Any special meal request? |  |
|  |  |

Please e-mail completed form to pauljoannou@rogers.com