

REGISTRATION FORM

Name _____
1st name _____
Address _____
City _____
Postal code _____
Email (if checked regularly) _____
Telephone _____

I register to :	
Saturday only (member)	140 \$
Saturday only (non-member)	150 \$
Sunday only (member)	140 \$
Sunday only (non-member)	150 \$
Two days (member)	250 \$
Two days (non-member)	275 \$
Sub total	
Discount of 10% for the Aile Professionnelle's members	
Sub total	
10% rebate if payed in full before October 1st	
Total	

- Enclosed a 50\$ (non-refundable) deposit,
Balance payable at the workshop: _____

Send cheque or money order to
(No post-dated cheques accepted)

Guilde des herboristes

C.P.47555, Succ. Mont Royal
Montreal (Quebec) H2H 2S8