



AMCTO Zone 8 Spring Meeting Registration Form

Event Details: Date: Wednesday, May 14th – Thursday, May 15th, 2025

Location: Cochrane Pavilion, 226 5th Street, Cochrane

Participant Information:

Full Name: _____

Job Title: _____

Organization: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Phone Number: _____

Email Address: _____

Event Registration: (Please check all that apply)

☐ \$ 240.00 Full Registration Fee – includes access to both days of the event, as well as breakfast and lunch each day

Meals and Dietary Restrictions:

LUNCH – Wednesday, May 14th, 2025

☐ Yes, I will attend

☐ No, I will not attend

LUNCH – Thursday, May 15th, 2025 – Don't know if we need this yet

☐ Yes, I will attend

☐ No, I will not attend

Dietary Restrictions: _____

Events (Optional):

- ☐ Polar Bear Habitat Tour (Tuesday Afternoon) **Paid by Zone 8**
 - ☐ Dinner at Yellow Bars (Wednesday Evening) **Own Expense**
 - ☐ Entertainment at Butch's Bowling (Wednesday Evening) **Paid by Zone 8**
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Additional Comments or Requests:

Registration Submission:

Please submit your completed registration form by **May 5, 2025** to:

Contact Person: Keshia Horbul

Email: Keshia.Horbul@timmins.ca

We look forward to seeing you at the AMCTO Zone 8 Spring Meeting!