

ZONE 3 WINTER MEETING

REGISTRATION FORM

Thursday, January 10, 2019 9:00 a.m. - 4 p.m.

(Registration opens at 8:30 a.m.)

Cambridge Municipal Offices, Bowman Room

50 Dickson Street, Cambridge, ON L8L 1H1

Municipality:	
Please consider bringing a gift from your municipality as a door prize	
	Check Box if this is your First Zone Meeting
Name:	Position:
Fee Enclosed @ \$75.00 = \$	
Electronic Funds Transfers (EFT's) will be accepted as well as cheque payable to AMCTO Zone 3	
(One Registrant per municipality is entitled to r	receive the \$10.00 discount for registering a first timer)
Your feedback is important in the development of 1. What would you like future zone meetings to look	
2. Would you be interested in attending a training se	ession during a zone meeting? Yes No
Please mail, e-mail or fax your completed regi	istration form by Friday, April 14, 2017 to:
·	vn of Thorold, Clerk's Office on Parkway, Thorold, ON L2V 4A7

You can email your completed registration form today and your cheque can be mailed to the address above or brought to the meeting.

Email: donna.delvecchio@thorold.com

No Shows who have registered and not paid will be invoiced