

WORKSHOP REGISTRATION FORM

1113 MARGINAL RD HALIFAX NS B3H 4P7 / PH 902-423-4677 1-800-355-6873 / FX 902-422-0881 / WWW.ANSM.NS.CA

REGISTRATION

Participant Name:	-
Organization:	-
Daytime Phone:	-
Address:	-
E-mail:	-
Workshop Title:	-
Date(s):	-
Location:	-
Payment \$ Amount:	
Cheque should be made payable to the Association of Nova Scotia Museums. Return completed form	with payment to ANSM.
INFORMATION	
Payment is required to confirm registration and must be received by the deadline.	
 Please complete one form for each individual registering for the workshop. 	
Check workshop advertising for fees and deadline information.	
Organizations/individuals must be members in good standing to receive membership discour	nt rate.
• Cancellations received less than five working days in advance are not eligible for refunds.	
• Those participants who do not attend remain responsible for full payment.	
Office Use Only:	