

# VAPSI

## Registration Form.

Please provide the following contact information:

<b>Name</b>	<input type="text"/>
<b>Title</b>	<input type="text"/>
<b>Organization</b>	<input type="text"/>
<b>Street Address</b>	<input type="text"/>
<b>Address (cont.)</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>State/Province</b>	<input type="text"/>
<b>Zip/Postal Code</b>	<input type="text"/>
<b>Country</b>	<input type="text"/>
<b>Work Phone</b>	<input type="text"/>
<b>Home Phone</b>	<input type="text"/>
<b>FAX</b>	<input type="text"/>
<b>E-mail</b>	<input type="text"/>

Choose one of the subject sessions:

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Registration is not complete until a deposit cheque of \$250 is received. Please submit in Canadian Funds

Cheques are payable to VAPSI

**Mailing Address:**           VAPSI  
  
  St. Michaels University School  
  
  3400, Richmond Road  
  
  Victoria British Columbia V8P 4P5  
  
  Canada

\*If a session is cancelled because of insufficient enrolment all payments, including deposits will be refunded