

The British Columbia Museums Association's 2009 Provincial Workshop

Survivor Osoyoos: *ReThink, ReTool, ReWork!*

October 15 – 17, 2009, Osoyoos, BC

REGISTRATION FORM

MAIL TO: BC Museums Association, #204–26 Bastion Square, Victoria, BC, V8W 1H9 or FAX: 250-387-1251
(Please complete a separate form for each registrant. Online registration form is available www.museumsassn.bc.ca)

Name: _____

Preferred Badge Name: _____ Title: _____

Institution Name or Affiliation: _____

I agree to allow my Name, Title & Institutional Affiliation ONLY to be displayed on BCMA website's "Registrants List"

Mailing Address: _____

City / Province / Postal Code

Tel: _____ Fax: _____ Email: _____

BCMA Member GO Card #: _____ Expiry Date: (mm/yy) _____ / _____

Membership Application **enclosed** for BCMA Member rates below. *(Forms available: www.museumsassn.bc.ca)*

Vegetarian / Other Specialty Diet or Allergy? Please describe: _____

REGISTRATION FEES: *(by October 5, 2009)*

Please indicate the number of 1/2-day & 1-day workshops for which you wish to register below & CIRCLE the Workshop codes OPPOSITE & events you plan to attend.

1/2-Day WORKSHOPS:

	<u>Member</u>	<u>Non-Member</u>	
Regular Rate	<input type="checkbox"/> \$ 65ea.	<input type="checkbox"/> \$ 85 x # _____	= \$ _____
Student Rate	<input type="checkbox"/> \$ 55ea.	<input type="checkbox"/> \$ 75 x # _____	= \$ _____

1-Day WORKSHOPS:

	<u>Member</u>	<u>Non-Member</u>	
Regular Rate	<input type="checkbox"/> \$125ea.	<input type="checkbox"/> \$165 x # _____	= \$ _____
Student Rate	<input type="checkbox"/> \$100ea.	<input type="checkbox"/> \$135 x # _____	= \$ _____

2-Day CCI WORKSHOP:

	<u>Member</u>	<u>Non-Member</u>	
Regular Rate	<input type="checkbox"/> \$185.	<input type="checkbox"/> \$225.	= \$ _____
Student Rate	<input type="checkbox"/> \$165.	<input type="checkbox"/> \$185.	= \$ _____

(Minimum 10, maximum 20 registrants only)

LUNCHEON & EVENT TICKETS:

(Claim event & extra tickets here):

Guest Spkr. Lunch (Thu)	<input type="checkbox"/> \$ 25 x # _____	tix \$ _____
Nk'Mip/BC Reports (Thu)	<input type="checkbox"/> \$ 25 x # _____	tix \$ _____
Food for Thought (Fri)	<input type="checkbox"/> \$ 15 x # _____	tix \$ _____
Grist Mill Tour (Fri)	<input type="checkbox"/> \$ 25 x # _____	tix \$ _____
Awards Banquet (Fri)	<input type="checkbox"/> \$ 45 x # _____	tix \$ _____
Pancake Breakfast (Sat)	<input type="checkbox"/> \$ 10 x # _____	tix \$ _____

COMPLETE PACKAGE:

(2 1/2 day, full-time workshop participation, related toolkits, breaks & lunches, Taste of the Okanagan & BC Reports, Tour option, Awards Banquet, Pancake Breakfast & AGM). Please CIRCLE coded Workshops, top, opposite)

	<u>Member</u>	<u>Non-Member</u>	
Regular Rate	<input type="checkbox"/> \$385.	<input type="checkbox"/> \$445.	= \$ _____
Student Rate	<input type="checkbox"/> \$325.	<input type="checkbox"/> \$375.	= \$ _____

LATE REGISTRATION FEE: *(after October 5, 2009)*

Regular Late Fee:	<input type="checkbox"/> \$ 50.	= \$ _____
Student Late Fee:	<input type="checkbox"/> \$ 35.	= \$ _____

Total Registration Fee: \$

Please CIRCLE Your Workshops & Events:

A1 A2 A3 A4 A5 / B1 B2 B3 B4 B5
C1 C2 C3 C4 / D1 D2 D3 D4
E1 E2 E3 / SP1 SP2 SP3 SP4

Welcoming Meet & Greet / Guest Speaker Luncheon

Taste of the Okanagan & BC Reports @ Nk'Mip
 I wish to make a BC Reports Presentation

Food for Thought Plenary & Brown Bag Lunch

Tour / Awards Banquet / Pancake Breakfast & AGM

When You Register:

- Late Registration Fee applies after **October 5, 2009**.
 - For preparation of Workshop Toolkits & materials, you **MUST** circle your Workshop & Event choice (above).
 - "Complete Package" includes the Grist Mill / Spotted Lake Tour on Friday, October 16. **BUT** you **MUST** reserve a seat upon registering. Circle "Tour" above, OR select a Series C workshop for Friday morning.
 - Ensure you order extra event ticket(s) now for partners & guests, for catering & event capacity purposes.
- I require Penticton Airport shuttle service to Osoyoos on _____ (day)@ _____ (flight arrival time)

PAYMENT METHOD:

- Cheque (payable to "BC Museums Association")
 VISA / MasterCard

Credit Card Payment Authorization:

Name of Cardholder

Credit Card Number

_____/_____
Expiry Date (MM/YY)

Authorized Amount

Signature

Date

- Receipt required in advance of "Survivor Osoyoos".

*Cancellations must be received at BCMA in writing on or before **October 7, 2009** & will be subject to an administration fee. See the Program for complete details.*