

CHIPNSIP

REGISTRATION FORM

Name: _____

Email: _____

Payment Method: \$165.00+taxes

Cash E-Transfer Cheque (Brad Pemberton)

Credit Card (add 3% transaction fee)

Clinic of Choice

Tuesday 5:30pm _____ (Beginning May 21st)

Tuesday 6:30pm _____ (Beginning May 21st)

Wednesday 5:30pm _____ (Beginning May 22nd)

Wednesday 6:30pm _____ (Beginning May 22nd)

Thursday 5:30pm _____ (Beginning May 23rd)

Thursday 6:30pm _____ (Beginning May 23rd)

Payment is due at time of registration.

Please include friend's names if you would like to be in the same group.