

LMDSS WORKSHOP REGISTRATION FORM

For Office Use:

Date Received: ___/___/___
Day / Month / Year



Lower Mainland Down Syndrome Society

#201, 13281 72nd Ave., Surrey, BC V3W 2N5

Phone (604) 591-2722 Fax (604) 591-2730

Email info@lmdss.com Website www.lmdss.com

Registered Charity CCRA BN 89162 1666 RR 0001

Title of Workshop: _____

Workshop Dates: _____ FEE: member: _____ non-member: _____

Individual's Name: _____

Address: _____

Home Number: _____ Cell Number: _____

Email Address: _____

Age: _____

Please circle one:

Caregiver/Parent /Other Name: _____

Address: _____

Home Number: _____ Cell Number: _____

Email Address: _____

What do you hope to learn from these sessions?

WORKSHOP AND MEMBERSHIP PAYMENT INFORMATION:

ARE YOU AN LMDSS MEMBER? Annual fee: \$30 / group / family / individual \$0 / Self-Advocate

Please join us to be eligible for the applicable Workshop rate; include your payment below. A membership application form will be mailed to you for completion OR go to www.lmdss.com click on 'contact us' and 'join now!'.

Method: Visa _____ Mastercard _____ Cheque _____

CC# _____

Exp Date: _____

LMDSS appreciates all donations. Please add your donation amount here: _____. This amount will automatically be put onto your credit card, or if paying by cheque, please indicate this on the cheque. For a refundable deposit, please issue **two** cheques. Thank you!