

ASTE REGISTRATION FORM

Mail to: A.S.T.E. Registration
c/o Joanne MacIntosh
P.O. Box 123
Truro, N.S. B2N 5B6

Name _____

Address _____

Postal Code _____

Phone _____ (H) _____ (W)

E-mail _____

Denomination _____

Please check appropriate space: I choose Option _____ Shared _____
Private _____

Amount included \$ _____ Amount Owing \$ _____

Full time participant, not staying on campus.

Part Time participant (Please state days attending) : _____

Please include registration fee with form – Deadline April 30th.

Room and Meal payment may be made at Registration

For those without Meal Cards, meals may be purchased at the Cafeteria at 1:00 PM and 6:00 PM

Because privacy laws require your permission, please indicate your desire to remain on our mailing list. YES _____