

Registration Form

*Please register me for
Artists' Work and Well-Being*

Monday, April 5, 2010

Fee \$15

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____

E-mail: _____

Cheque (enclosed and payable to
Artists' Health Centre Foundation)

Visa

Name on card: _____

Card #: _____

Expiry: _____

Signature: _____

If you would prefer to phone or fax your credit card information, please call the AHCF at 416.351.0239 or fax 416.595.0009.

Please mail the completed form to:
Artists' Health Centre Foundation
The Lynda Hamilton Centre
250 The Esplanade, Suite 500
Toronto, ON M5A 1J2

Telephone 416.351.0239

Fax 416.595.0009

info@ahcf.ca • www.ahcf.ca