

## Registration Form

*Please register me for*

***The Artists' Perception of Self Worth***

Saturday May 15, 2010

Fee \$40

Students & Seniors \$30

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

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