

REGISTRATION FORM / R E C E I P T

Healthcare **DATE: Tuesday, April 13th 2010**

LOCATION: NDHQ WO's & SGTs MESS @ 4 Queen Elizabeth Dr.,
OTTAWA

***FAX-BACK to Jeff Snyder at (613) 723-2006**

INFO LINES: Jeff Snyder (613) 723-2000x222

Firm: _____

Address: _____

Contact(s): _____

Tel: _____ Fax: () _____

E-Mail: _____

REGISTRATION DEADLINE April 7 2010

2 Seminars – Lunch included \$25.00

**CHEQUES PAYABLE TO: ORSA TREASURER; P.O. Box 56117, Ottawa
(ON) K1R 7Z1**

CREDIT CARD PAYMENT: VISA___ Master Card___

Card # _____

Name on Card _____

Please ensure to attach a copy of your registration with your payment