ACCIDENT PREVENTION ASSOCIATION OF MANITOBA

Annual Conference & Trade Show

Tuesday, November 23, 2010
Canad Inns Polo Park

Company Name:_____

Contact Name(s):_____

Address:_____

City:_____Prov: _____Postal Code:_____

Telephone:_____Fax:_____Email:_____

Who will be working at your booth? Booth Representative 1:_____

Booth Representative 2:_____

Booth Fee: $250.00 APAM Members $300.00 Non-Members

Display Space Size: 10' x 10' Qty of:___@ $250.00 Total $_____
Qty of:___@ $300.00 Total $_____

____Check here if you require electrical.

Any other requirements or comments?

_____

_____

Please fax your registration to: 204-897-8094

____Please Invoice – Email Invoice to:_____

____Cheque (payable to APAM) to follow by mail to APAM, P.O. Box 1709, Winnipeg, MB R3C 3Z6

Regards,

Lise Carbonneau
APAM
Tel: 204-832-1512
Fax: 204-897-8094
whirlwind@shaw.ca