**REGISTRATION FORM**

**TO BE MAILED TO THE REGISTRAR**

**Janet MacDonald**

**2328 Lawrencetown Road**

##### Lawrencetown, N. S. B2A 1L6 Phone: 902-462-0774

**Make Cheques Payable to**: NS Long Term Care Co-Ordinating Committee

***REGISTER BEFORE September 29, 2019***

***NOTE: PLEASE BE ADVISED THAT REGISTRATIONS WILL NOT BE ACCEPTED AFTER September 29, 2019.***

***REGISTRATION FORM AND ACCOMPANYING CHEQUE MUST BE IN THE HANDS OF THE REGISTRAR BY THIS DATE.***

**\*\*\*Please include on the registration form if you require any**

**Dietary Restrictions\*\*\***

**"PLEASE INSERT STATUS NUMBER"**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | **STATUS NUMBER** **1. Voting Delegate**  **2. Alternate Delegate** | ADDRESS | PHONE | LOCAL |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

REGISTRATION FEE ENCLOSED X $50.00 = $