



Registration Form
35th Annual Convention of SANA
June 28 – July 01, 2019 - Toronto, ON Canada

Name: Mr./Dr./Mrs./Ms. \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Tel. \_\_\_\_\_

(Names of additional members to include in the registration)

Name 1: \_\_\_\_\_ Year of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name 2: \_\_\_\_\_ Year of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name 3: \_\_\_\_\_ Year of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name 4: \_\_\_\_\_ Year of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name 5: \_\_\_\_\_ Year of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

(If you are writing/sending in Canadian Checks)

Number of Registered Adults (Over 12 years) \_\_\_\_\_ X CAD \$160 -----> \$ \_\_\_\_\_

Number of Registered Juniors (8 – 12 years) \_\_\_\_\_ X CAD \$120 -----> \$ \_\_\_\_\_

Total Payment ..... = \$ \_\_\_\_\_

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(If you are writing/sending in US Checks)

Number of Registered Adults (Over 12 years) \_\_\_\_\_ X USA \$120 -----> \$ \_\_\_\_\_

Number of Registered Juniors (8 – 12 years) \_\_\_\_\_ X USA \$90 -----> \$ \_\_\_\_\_

Total Payment ..... = \$ \_\_\_\_\_

Mail your completed form and check payable to:

SANA
3251 Charles Fay Passage
Oakville L6M 5K1 Ontario, Canada

----- Please don't write in this box, for official processing -----

Payment Received by (Name): \_\_\_\_\_ Date Received: \_\_\_\_\_

Check/Ref #: \_\_\_\_\_