

## SPONSOR RESERVATION FORM

### Adventures in Health Care – May 6 – 9, 2019

(Travel days, May 5<sup>th</sup> and May 10<sup>th</sup>, 2019)

(Please print)

DEADLINE: DECEMBER 14,2018

Contact Person: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Office Telephone; \_\_\_\_\_

(Area Code)

(Area Code)

Email address: \_\_\_\_\_

Rotary Club of : \_\_\_\_\_

**Registration fee of \$450.00 enclosed:**

Date: \_\_\_\_\_ Signature of Club Official : \_\_\_\_\_

Please complete this form clearly and include all requested information.

**Enclose with this form the cheque of \$450.00 payable to the “Yellowhead Rotary Club Health Care Program”**

Mail to: ***Rotary Club of Prince George Yellowhead***

***c/o Adventures in Health Care***

***100 KING DRIVE***

***Prince George, B.C.***

***V2M-4V4***

**DEADLINE FOR RECIEPT OF RESERVATION FORM AND CHEQUE BY MAIL - DECEMBER 14,2018**

[www.adventuresinhealthcare.com](http://www.adventuresinhealthcare.com)