

Non-Profit Agency

2nd & More

26TH ANNUAL SPMABC CONFERENCE

Friday, February 2nd & Saturday, February 3rd, 2024 **Delta Burnaby Hotel & Conference Centre** 4331 Dominion Street, Burnaby (Willingdon & Hwy 1) (604) 453-0750

Sat

Sat

Sat

REGISTRATION FORM

Company/Organization:					
Mailing Address:					
Phone #: ()	Fax # ()		_ Email:		
Please include the names of <u>all</u> att <u>NOTE:</u> <u>There with</u> PLEASE PRINT: Name of Attender	ll be no admittance	e unless you are wea	ring your conferen	ce name tag.	tendees.
1.					Fri Sat
		Fri Sat			Fri Sat
3		Fri Sat			Fri Sat
		ı			
	Full Registration				
	Early Bird Rate Before 01/05/24	No. of Attendees	Regular Rate After 01/05/24	No. of Attendees	
Member of SPMABC 1 st Attendee	\$295.00		\$349.00		
Member of SPMABC 2 nd & More	\$275.00		\$329.00		
Non-member 1 st Attendee	\$495.00		\$495.00		
Non-member 2 nd & More	\$475.00		\$495.00		
Non-Profit Agency 1 st Attendee	\$295.00		\$295.00		

Members of other provincial associations are considered members of the SPMABC. Early Bird Registrations must be received and paid prior to December 31, 2019.

\$275.00

\$275.00

	Partial (One-Day) Registration			
	Early Bird Rate Before 01/05/24	No. of Attendees	Regular Rate After 01/05/24	No. of Attendees
Member of SPMABC 1 st Attendee	\$190.00		\$225.00	
Member of SPMABC 2 nd & More	\$190.00		\$225.00	
Non-member 1 st Attendee	\$295.00		\$379.00	
Non-member 2 nd & More	\$295.00		\$379.00	
Non-Profit Agency 1 st Attendee	\$190.00		\$190.00	
Non-Profit Agency 2 nd & More	\$190.00		\$190.00	

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BUFFET TICKETS FOR FRIDAY, FEBRUARY 2ND 2024

Dinner Tickets (per person) - \$65.00 each x _____

E-MAIL THIS FORM TO info@spmabc.com - Please fill out the Credit Card information below.

MAIL THIS FORM TO (with a cheque payable to SPMABC or with the Credit Card information below): Structural Pest Management Association of BC - c/o Associated Victoria Pest Control 501 Kelvin Road, Victoria BC, V8Z 1C4

Method of Payn	nent:		
	☐ Cheque	Cheque #	
	☐ Credit Card	(Fill in Information Below)	
□ VISA □ M/C	NAME (Exact	ly as it appears on the Credit Card)	EXP. DATE