MEDIA REGISTRATION FORM

Please fax your completed form to (204) 984-9185 Attn: Trina Gallop, Director of Communications, ELCIC

GENERAL INFORMATION:

First Name:_____ Middle Initial :_____ Last Name: _____

Media Outlet: _____

Address:_____ City:_____ Province:_____ PC: _____

Work Phone: _____Fax Number: _____ E-Mail: _____

EVENT DATES

Please assist us in convention planning by checking off the dates/times that you plan to attend. We will try to ensure that someone from the communications department is available to greet you at the registration desk upon your arrival.

Date	**Please indicate the duration of your attendance (i.e. 10:30 a.m. to 1:30 p.m.)**
☐ Thursday, June 25, 2009	_____
☐ Friday, June 26, 2009	_____
☐ Saturday, June 27, 2009	_____
☐ Sunday, June 28, 2009	_____