

School Group Discount Form

Calculation Area:

MSC membership: _____ x \$76.00 = _____ (5+ members) _____ x \$72.00 = _____ (10+members)

MSC & AMI-EAA membership: _____ x \$121.00 = _____ (5+members) _____ x \$117.00 = _____ (10+members)

Total remitted: \$ _____ Donation to MSC: \$ _____ (Charitable Receipt will be issued)

School Name: _____

Please have each individual staff member that you are registering complete the following sections:

1) Last name: _____ First Name: _____

Mailing Address: _____

City/Province/Postal Code: _____

Telephone number: () _____ E-mail address: _____

Name of Training Centre(s): _____

Level(s) of Training: _____ Date of Graduation: _____ Diploma No.: _____

Type of Membership: Individual _ MSC/AMI-EAA _

 Check here if you do not wish to have your contact information shared. I would like to help with national conference and/or regional workshop and seminar organization. Other: _____

2) Last name: _____ First Name: _____

Mailing Address: _____

City/Province/Postal Code: _____

Telephone number: () _____ E-mail address: _____

Name of Training Centre(s): _____

Level(s) of Training: _____ Date of Graduation: _____ Diploma No.: _____

Type of Membership: Individual _ MSC/AMI-EAA _

 Check here if you do not wish to have your contact information shared. I would like to help with national conference and/or regional workshop and seminar organization. Other: _____

3) Last name: _____ First Name: _____

Mailing Address: _____

City/Province/Postal Code: _____

Telephone number: () _____ E-mail address: _____

Name of Training Centre(s): _____

Level(s) of Training: _____ Date of Graduation: _____ Diploma No.: _____

Type of Membership: Individual _ MSC/AMI-EAA _

 Check here if you do not wish to have your contact information shared. I would like to help with national conference and/or regional workshop and seminar organization. Other: _____

4) Last name: _____ First Name: _____
Mailing Address: _____
City/Province/Postal Code: _____
Telephone number: () _____ E-mail address: _____
Name of Training Centre(s): _____
Level(s) of Training: _____ Date of Graduation: _____ Diploma No.: _____
Type of Membership: Individual _ MSC/AMI-EAA _
() Check here if you do not wish to have your contact information shared.
() I would like to help with national conference and/or regional workshop and seminar organization.
() Other: _____

5) Last name: _____ First Name: _____
Mailing Address: _____
City/Province/Postal Code: _____
Telephone number: () _____ E-mail address: _____
Name of Training Centre(s): _____
Level(s) of Training: _____ Date of Graduation: _____ Diploma No.: _____
Type of Membership: Individual _ MSC/AMI-EAA _
() Check here if you do not wish to have your contact information shared.
() I would like to help with national conference and/or regional workshop and seminar organization.
() Other: _____

6) Last name: _____ First Name: _____
Mailing Address: _____
City/Province/Postal Code: _____
Telephone number: () _____ E-mail address: _____
Name of Training Centre(s): _____
Level(s) of Training: _____ Date of Graduation: _____ Diploma No.: _____
Type of Membership: Individual _ MSC/AMI-EAA _
() Check here if you do not wish to have your contact information shared.
() I would like to help with national conference and/or regional workshop and seminar organization.
() Other: _____

7) Last name: _____ First Name: _____
Mailing Address: _____
City/Province/Postal Code: _____
Telephone number: () _____ E-mail address: _____
Name of Training Centre(s): _____
Level(s) of Training: _____ Date of Graduation: _____ Diploma No.: _____
Type of Membership: Individual _ MSC/AMI-EAA _

() Check here if you do not wish to have your contact information shared.

() I would like to help with national conference and/or regional workshop and seminar organization.

() Other: _____

8) Last name: _____ First Name: _____

Mailing Address: _____

City/Province/Postal Code: _____

Telephone number: () _____ E-mail address: _____

Name of Training Centre(s): _____

Level(s) of Training: _____ Date of Graduation: _____ Diploma No.: _____

Type of Membership: Individual _ MSC/AMI-EAA _

() Check here if you do not wish to have your contact information shared.

() I would like to help with national conference and/or regional workshop and seminar organization.

() Other: _____

9) Last name: _____ First Name: _____

Mailing Address: _____

City/Province/Postal Code: _____

Telephone number: () _____ E-mail address: _____

Name of Training Centre(s): _____

Level(s) of Training: _____ Date of Graduation: _____ Diploma No.: _____

Type of Membership: Individual _ MSC/AMI-EAA _

() Check here if you do not wish to have your contact information shared.

() I would like to help with national conference and/or regional workshop and seminar organization.

() Other: _____

10) Last name: _____ First Name: _____

Mailing Address: _____

City/Province/Postal Code: _____

Telephone number: () _____ E-mail address: _____

Name of Training Centre(s): _____

Level(s) of Training: _____ Date of Graduation: _____ Diploma No.: _____

Type of Membership: Individual _ MSC/AMI-EAA _

() Check here if you do not wish to have your contact information shared.

() I would like to help with national conference and/or regional workshop and seminar organization.

() Other: _____