

Registration Form Please print clearly.

Contact Name

First Name

Last Name

Suffix

Company

Name

Address

Street

City

Province

Postal Code

Phone

E-mail

Please register for the following:

Individual Attendance (\$195.00)

Team of 4 (\$750.00)

Name #1

Name #2

Name #3

Name #4

Sponsorship (see back for details) Amount: _____

Method of Payment

Invoice to Company (Attention to: _____)

Visa MasterCard American Express Cheque (Made out to APEGM)

Card Number

Expiration Date

Print Name on Card

Signature

 APEGM

Submit your Player Name along with Full Payment by **April 17, 2009**, and be entered to win the Early Bird Prize estimated at **\$750**.

