

**REGISTRATION FORM**

Catholic Health Association of New-Brunswick

2018

You can complete this form online, click on the email icon at the top of your screen and sent to: [ebowes@chpchi.com,](mailto:ebowes@chpchi.com) or you can fax to 506-778-5303.

Name:

Position:

Facility:

Mailing Address:

City & Postal Code:

Telephone: Work ( ) Cell: ( )

Fax: ( ) email:

Will you be attending the banquet?:

Will you be bringing a guest? (additional $20):

Reply to:

Ms. Eileen Bowes

Catholic Health International 1773 rue Water Street Miramichi, NB

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Tel: 506-778-5302 Fax: 506-778-5303