



Registration Form

AFRICENTRIC LEADERSHIP AND MANAGEMENT SUMMER INSTITUTE

JULY 14–19, 2007



Council on African
Canadian Education

Name		Home Telephone
Home Address		Work Phone
City	Province	Postal Code
Email		Fax
Age (voluntary)	Self-identification (voluntary)	Male or Female

Education:

Year	Institution	Degree/Certificate/Diploma	Major Field of study

Work Experience:

Present Title
Major Responsibilities

Other Positions Held	Organization	Date

Emergency Contact:

Name	Phone Numbers
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Describe any special needs you may have that are critical to your participation in this program,

Physical challenges

Speaking / comprehension ability

Food Allergies

Other _____

Payment:

The fee for the Summer Institute is five hundred dollars (\$500).

This fee covers tuition, class materials, lunch and health breaks, opening and closing receptions.

Payment is due upon registration.

Please select your choice of payment as indicated below:

I have enclosed a cheque or money order.

(Please make cheques payable to: CACE – All Summer Institute)

I have enclosed a purchase order from my organization.

Note:

Requests for a refund of your Application fee due to cancellation is required in writing.

A portion of the fee is non-refundable and will be deducted for administration costs.

Please refer to the Cancellation Policy for details.

Signature _____

Print Name _____ Date _____

Please mail your completed registration form,
and your payment by June 15th to:



Council on African Canadian Education

Trade Mart Building,
2021 Brunswick Street, P.O. Box 578
Halifax Nova Scotia
B3J 2S9

or Fax to: (902)-424-0874

Please direct all registration inquiries to:

Casamara Smith: cace@gov.ns.ca or

Karen Hudson: khudson@hrsb.ns.ca