

Event Registration Form February 4, 2016

At Grand Victorian Convention Centre / Park Inn by Radisson
175 Derry Rd E, Mississauga, ON L5T 2Z7

ATTENDEE #1

Name:		Studio/Group Name: (Who would you like to be seated with)?	
Your Address:		City	State/Province: Zip/Postal:
Country:	Phone: ()	Email:	
Special Meal Requirements (i.e. allergies, vegetarian, etc):			

ATTENDEE #2

Name:		Studio/Group Name: (Who would you like to be seated with)?	
Your Address:		City	State/Province: Zip/Postal:
Country:	Phone: ()	Email:	
Special Meal Requirements: (i.e. allergies, vegetarian, etc)			

CATEGORY	QTY	TUITION UNTIL Nov 30, 2016	TUITION UNTIL Jan 31, 2017	AT THE DOOR	=	SUB TOTAL
Complete Package 1st Row (Includes workshops & Gala)		\$250 CDN	\$285 CDN	\$300 CDN	=	
Complete Package 2nd Row (Includes workshops & Gala)		\$220 CDN	\$255 CDN	\$270 CDN	=	
Saturday Evening Gala 1st Row (Dinner/Dancing/Show)		N/A	\$150 CDN	\$175 CDN	=	
Saturday Evening Gala 2nd Row (Dinner/Dancing/Show)		N/A	\$130 CDN	\$155 CDN	=	
Saturday Workshops Only		N/A	\$150 CDN	\$200 CDN	=	
				13% HST		
				TOTAL		

****Please make cheques payable to "Twosome Dance"**

****IMPORTANT ****

- Tickets are non refundable but are transferable
- Schedule & Faculty are subject to change without notice
- E-Tickets will be emailed. Please print your e-ticket and present at registration on the day of the event.

****WAIVER ****

I, the undersigned, agree to hold the organizers of this event and their agents harmless from all suits, claims, or demands, of every kind and character, howsoever caused, arising out of, at, or in conjunction with this event. I understand the physical risks of participating in a dance event and hereby assume full responsibility for any injury or personal damages resulting from this event. I hereby assign all rights to the video taping, sound recording, and photography of us on February 15th & 16th, 2014 and hereby authorize the reproduction, sale, copyright, exhibition, broadcast, and or distribution of said videos and photos without limitations.

Attendee #1 signature: _____

Date: _____

Attendee #2 signature: _____

Date: _____

Please call us if you require assistance with this form. Mail, Fax or E-mail your completed registration form.