

Registration

SUPPLY CHAIN COLLABORATIVE ALLIANCE PROGRAM

Supply Chain Lead Company: _____

Name of registrants:

First & Last Name	Company	Business Phone	Email Address

Selected one simulation workshop date as well as the corresponding best practices workshop dates:

	Collaborative Simulation Workshop	Collaboration Best Practices Workshop
Series 1	<input type="checkbox"/> November 17, 2011	<input type="checkbox"/> November 30 and December 1
	<input type="checkbox"/> November 21, 2011	
	<input type="checkbox"/> November 23, 2011	
Series 2	<input type="checkbox"/> February 16, 2012	<input type="checkbox"/> February 27 and 28, 2012
	<input type="checkbox"/> February 17, 2012	
Series 3	<input type="checkbox"/> May 10, 2012	<input type="checkbox"/> May 28 and 29, 2012
	<input type="checkbox"/> May 16, 2012	

Applicable fee:

Supply chain (2 – 4 persons): \$400

Supply chain (additional persons - \$50/person in excess of 4): number of persons ____

Individual: \$250

Total amount due: _____ Date: _____ Signature: _____

Send to: Karen Henderson
Department Coordinator
Edmonton Economic Development Corporation
khenderson@edmonton.com
Fax: 780.426.0535

Once the registration has been accepted and paid in full the registration is fully refundable if cancellation is provided by email more than 14 days prior to the date shown above for the Collaboration Simulation Workshop. Notice is to be provided to khenderson@edmonton.com. No refund will be provided if notice of cancellation is provided 14 days or less prior to the date shown above for the Collaboration Simulation Workshop. In such cases EEDC will do its best to accommodate requests to reschedule participation to a later workshop.