



27TH ANNUAL SPMABC CONFERENCE
Friday, February 7th & Saturday, February 8th, 2025
Delta Burnaby Hotel & Conference Centre
4331 Dominion Street, Burnaby (Willingdon & Hwy 1)
(604) 453-0750

REGISTRATION FORM

Company/Organization: _____

Mailing Address: _____

Phone #: () _____ Email: _____

Please include the names of all attendees so their name tags will be waiting for them at the Registration table.

NOTE: There will be no admittance unless you are wearing your conference name tag.

Please provide a total number of registrations of each type. The names of your attendees are to be submitted via the excel template

	Full Registration				Partial (One-Day) Registration			
	Early Bird Rate Before 01/05/24	Number of Attendees	Regular Rate After 01/10/24	Number of Attendees	Early Bird Rate Before 01/05/24	Number of Attendees	Regular Rate After 01/10/24	Number of Attendees
Member of SPMABC 1 st Attendee	\$295.00		\$349.00		\$190.00		\$225.00	
Member of SPMABC 2 nd & More	\$275.00		\$329.00		\$190.00		\$225.00	
Non-member 1 st Attendee	\$495.00		\$495.00		\$295.00		\$379.00	
Non-member 2 nd & More	\$475.00		\$495.00		\$295.00		\$379.00	
Non-Profit Agency 1 st Attendee	\$295.00		\$295.00		\$190.00		\$190.00	
Non-Profit Agency 2 nd & More	\$275.00		\$275.00		\$190.00		\$190.00	

BUFFET TICKETS FOR FRIDAY, FEBRUARY 8TH 2025

Dinner Tickets (per person) - \$65.00 each x _____

E-MAIL THIS FORM TO info@spmabc.com - Please fill out the Credit Card information below.

Method of Payment:

I understand that a representative of SPMABC will be charging my credit card for a total of \$ _____

- VISA
- M/C

NAME (Exactly as it appears on the Credit Card)

CREDIT CARD #

EXP. DATE

SIGNATURE