

## **SESSION REGISTRATION FORM**

## PLEASE <u>PRINT</u> CLEARLY

Organization:				AGLC ID #:			
Address:			(	if available)			
	Mailing Address						
City/Town				Postal Code			
Please provide the name, email addr	ess and phone number of t	he contact person f	for this regist	ration.			
	PLEASE PI	RINT CLEARLY					
Contact Person's Name Contact Person's Email Address (to confirm the					ration by	emai	i <b>l)</b>
( )	( )		( )				
Contact Person's Home Phone #	Contact Person's Work Ph	one #	Contact Person's Cell Phone #				
Participants' N	amos	S.	ossion(s) P	eing Requeste	.d		
Participants' Names (PLEASE <i>PRINT</i> CLEARLY)		City/Tow		Date	u	Time	
, , ,	,						
*Only 4 members per group allowed at	t one session*						
The session schedule is available on the All sessions have limited seating, and r	=	·	rials are FREE				
How to register:							
FAX THIS FORM TO 1-780-651-76	26 OR EMAIL TO gain@	aglc.ca					
(OR MAIL TO GAIN: 50 CORRIVEAU AVENUE,	St. Albert, Alberta T8N 3T5	5)					
<b>NEW</b> — APPLY FOR AN AGLC INTER	RNET ACCOUNT AND REGI	STER ON-LINE.					
YOU WILL BE CONTACTED REGARDIN	IG SPACE AVAILABILITY AI	ND CONFIRMATION	N OF REGIST	RATION.			
FOR MORE INFORMATION:							
Gaming/Licensing Inquiries		GAIN Session Inquires (ONLY)					
780-447-8600 or 1-855-506-1066	780-447-7499 or	<sup>-</sup> 1-866-307-7	7499				
The information you are providing on this application form is col of <i>Privacy</i> (FOIP) <i>Act</i> , section 33(c). The information is strictly fo		quor and Cannabis Act, Gaming,	, Liquor and Cannabis	Regulation, and the Freedo	om of Inform	ation and	d Protection
Your personal information is protected by Alberta's FOIP Act and Commission, 50 Corriveau Avenue, St. Albert, Alberta T8N 3T5 T			on or use of the infor	mation, please contact Albe	rta Gaming,	Liquor ar	nd Cannabis
Space available: Confirmation p	rovided by email  or by phor	ne Date:		Entered:			
Space NOT available: Notification pro	ovided by email  or by phor	ne Date:					