



# Βήματα

Hellenic Dance Conference

## INDIVIDUAL REGISTRATION

|                      |                 |                  |
|----------------------|-----------------|------------------|
| Name:                |                 | Phone:           |
| Street Address:      |                 | Postal/ZIP Code: |
| City:                | Province/State: | Country:         |
| E-mail:              |                 | Date of Birth:   |
| Medical Information: |                 |                  |
| Allergies:           |                 | Shirt Size:      |

**\*\*Minimum age requirement 14 years of age**

## GROUP REGISTRATION

|                                      |                 |                  |
|--------------------------------------|-----------------|------------------|
| Group/Organization:                  |                 | Phone:           |
| Street Address:                      |                 | Postal/ZIP Code: |
| City:                                | Province/State: | Country:         |
| E-mail:                              |                 | Website:         |
| Group/Organization Contact Person 1: |                 | Phone:           |
| Group/Organization Contact Person 2: |                 | Phone:           |

Complete details/requests to be e-mailed to [bimatadanceconference@gmail.com](mailto:bimatadanceconference@gmail.com)

**PARTICIPANT INFORMATION (GROUP ONLY)**

Instructors/directors name's must be highlighted or otherwise properly indicated.

|    |  | <b>Full Name</b> | <b>Date of Birth</b><br>dd/mm/yyyy | <b>T-Shirt Size</b><br>XS-XXXL | <b>Allergies,<br/>Medical Concerns</b> |
|----|--|------------------|------------------------------------|--------------------------------|--|
| 1  |  |                  |                                    |                                |  |
| 2  |  |                  |                                    |                                |  |
| 3  |  |                  |                                    |                                |  |
| 4  |  |                  |                                    |                                |  |
| 5  |  |                  |                                    |                                |  |
| 6  |  |                  |                                    |                                |  |
| 7  |  |                  |                                    |                                |  |
| 8  |  |                  |                                    |                                |  |
| 9  |  |                  |                                    |                                |  |
| 10 |  |                  |                                    |                                |  |
| 11 |  |                  |                                    |                                |  |
| 12 |  |                  |                                    |                                |  |
| 13 |  |                  |                                    |                                |  |
| 14 |  |                  |                                    |                                |  |
| 15 |  |                  |                                    |                                |  |
| 16 |  |                  |                                    |                                |  |

**1. Registration Rates** Please provide the correct quantities:

\*Participant packages include: Workshops, music, Saturday and Sunday lunch and Gala meal, tickets for evening dance and t-shirt.

\*Payment receivable via: cash, cheque, or email money transfer.

|  |                                      |   | QTY |           |
|--|--------------------------------------|---|-----|-----------|
|  | <b>Participant Registration Rate</b> | Registration received before Sept. 18, 2019 |     | \$165 CDN |
|  | <b>Participant Registration Rate</b> | Registration received after Sept. 19, 2019  |     | \$200 CDN |

Total in \$CDN

**PAYMENT OPTIONS**

- Cash
- Cheque
- E-Transfer

**Payment can be made payable to:**

Hellenic Canadian Congress of BC  
129-4500 Arbutus Street  
Vancouver, British Columbia  
V6J-4A2