

***Ruth Ruttan & Assoc.***

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**21<sup>th</sup> Annual Footcare Conference Registration Form**

**First Name:** \_\_\_\_\_ RN ☐ RPN ☐

**Last Name:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Postal Code** \_\_\_\_\_

**Phone: (H) ( \_\_\_\_ )** \_\_\_\_\_

**(C) ( \_\_\_\_ )** \_\_\_\_\_

**Friday Evening Social** I will be attending ☐ I will not be attending ☐

**Conference Fees:** **\$299.00**

**To Register:**

Mail this completed registration form along with either a cheque or money order to:

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