

**PEERS**  
**211 – 620 View Street**  
**Victoria, BC**  
**V8W 1J6**  
**388-5320**  
**dropin@peers.bc.ca**

**CONFERENCE REGISTRATION**

**Name(s):**

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**Agency/School:**

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**Cheque Enclosed:**

**yes**                       **no**

**Phone Number:**

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**Email:**

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**Receipt Required:**

**yes**                       **no**