



**2005 InterPride Region 7 Conference Registration Form
February 18 - 20, 2005**

Pride Name:	
Delegate Name:	
Address:	
City / Province:	
Postal Code:	
Phone (h):	
Phone (w):	
E-mail:	
Please indicate if you have any dietary restrictions:	

Additional Delegates	
Name:	
E-mail:	
Name:	
E-mail:	
Name:	
E-mail:	
Name:	
E-mail:	

Registration Fees	
Early Bird*	<input type="checkbox"/> \$40 / person x _____ = \$ _____
Full Conference	<input type="checkbox"/> \$50 / person x _____ = \$ _____

Please fax us your registration form to (204) 287-8657
and mail your payment by cheque or money order payable to
Winnipeg Lesbian & Gay Pride Inc. to

Winnipeg Lesbian & Gay Pride Inc.
P.O. Box 2101
Station Main
Winnipeg, Manitoba
R3C 3R4

Please contact Robert Cote by phone at (204) 296-8657,
or email at interpride@gaypridewinnipeg.org
for more information.

*Early-bird rate available for those who register before February 4, 2005