



**OBE Reunion 2019
(for former OBE staff members and friends)**

Saturday, September 21, 2019 – Algonquin College, Building D

REGISTRATION FORM

Number of tickets requested: _____

Name(s): _____

(If you are purchasing more than one ticket, names should be provided for each ticket you are purchasing, but only your contact information is required)

Address: _____

City, Province, Postal Code: _____

Telephone: _____

Email: _____

*The following information will be used for table seating.
Please note that each table will accommodate 8 people.*

Last workplace in the OBE (if retired) _____ or

Current workplace _____

Please advise us of any mobility issues so we can arrange suitable seating: _____

Optional:

I would like to sit with the following person/people who will also be attending.

Your cheque for \$42 per ticket must accompany this registration form.

Enclosed is my cheque for \$_____ made payable to **FOBEEP**, the sponsoring group.
(Former Ottawa Board of Education Elementary Principals)

Please mail cheque and registration form to:

Mr. Ross Maxwell
82 Evanshen Crescent
Kanata, ON K2K 2Z7

Email: rossmax@trytel.com Telephone: 613-271-8405



Please enclose a self-addressed stamped envelope, and your tickets will be mailed to you.