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**REGISTRATION FOR QUAKER STUDIES WEEKEND
OCTOBER 13 - 15, 2017**

Name: _____

email: _____.

tel: (h) _____ **(c)** _____

I will need accommodation for Friday _____, Saturday _____, Other _____

I will not need accommodation / my Ottawa contact number is

_____ (if you don't have cellphone)

Ottawa Address

I have a car and can help with shuttle to and from the meetinghouse

Any mobility issues? _____ Any dietary issues? _____

Please see poster for details of the weekend.

Contacts:

carol.v.dixon@gmail.com 613-228-2805

sybilgrace85@gmail.com 613-235-2725

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