

# Registration Form

**Must be received with payment by October 5, 2010**  
Please print clearly. Photocopy if more space is required for your organization.

Name/Organization: \_\_\_\_\_ Centre/School \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Tel # \_\_\_\_\_ Work Tel # \_\_\_\_\_ Email Address: \_\_\_\_\_

Please indicate the workshops you wish to attend. Workshop preference cannot be guaranteed, but everything possible will be done to honour your request. Early registration will allow for better selection. **Please indicate first, second and third workshop choices.**

\* **Early bird special - Registrations received on or before September 25th - Full Conference \$100.00**  
After September 25th - Full Conference \$120.00

**Full Conference Includes:** *Continental Breakfast* (8:00a.m. - 8:45a.m.) *Keynote Speaker (Jim Grieves)* (9am-10:30am)  
*Workshops* (10:45a.m. - 12:15p.m.) (2:30p.m. - 4:00 p.m.) *Lunch* (12:15pm. - 2:15p.m.) *Trade Shows* (8:00a.m. - 2:30p.m.)

<u>Workshop Selection</u>	Price \$120.00	
<b>PLEASE PRINT CLEARLY</b> - Please note that part-day registrations will still be required to pay the full registration fee		
<b>Participant:</b> _____ (Please print full name)		
Accessibility needs: _____		
<b><u>Morning (Indicate your 1<sup>st</sup>, 2<sup>nd</sup> &amp; 3<sup>rd</sup> choice)</u></b>		
1 <sup>st</sup> choice: _____	2 <sup>nd</sup> choice: _____	3 <sup>rd</sup> choice: _____
<b><u>Afternoon (Indicate your 1<sup>st</sup>, 2<sup>nd</sup> &amp; 3<sup>rd</sup> choice)</u></b>		
1 <sup>st</sup> choice: _____	2 <sup>nd</sup> choice: _____	3 <sup>rd</sup> choice: _____

Make Cheques payable to: **Child & Family Collaborative** & return with Registration Form by October 5, 2010:  
*Child and Family Collaborative, 43 Okanagan Drive, Richmond Hill, ON, L4C 9R9 Attn: Dory Kashin*  
Phone: 647-290-3708 Email: dory.kashin@gmail.com

**\*\*Note:** Registrations will be accepted on a first come, first served basis.

Total Payment Enclosed \$ \_\_\_\_\_ Receipt Required \_\_\_\_\_ Make payable to: \_\_\_\_\_

Receipts will be mailed electronically please provide your Email Address: \_\_\_\_\_

*(For multiple registrations please see reverse)*

