Mail-in Registration Information

| Please complete the | following infor | mation: | | | |
|------------------------|------------------------|-----------------------|------------------|-------------------------------|-------------------|
| Last Name: | | | First Name: | | |
| ob Title: | | Organizatio | on: | | |
| Phone Number: | | E | -Mail: | | |
| Please select the foll | owing options b | oy labelling your top | two choices (1 | = top choice 2=seco | nd choice) in eac |
| section (ABC). | | | | | |
| Workshops "A" | Selection | Workshops "B" | Selection | Workshops "C" | Selections |
| A1 | | B1 | | C1 | |
| A2 | | B2 | | C2 | |
| А3 | | В3 | | СЗ | |
| A4 | | B4 | | C4 | |
| A5 | | B5 | | C5 | |
| A6 | | В6 | | C6 | |
| Please indicate a | ny food allergie | s or restrictions: | | | |
| | | | | | |
| | We will do ou | r best to accommod | date the dietary | requests made. | |
| Confe | erence fee \$65. | 00. For map, parkin | ng and other de | tails, please click <u>he</u> | ere. |
| Payment can be r | | • | | e make cheques and | d money orders |
| | payab | le to "KidsAbility EL | AWR Conference | ce 2012" | |
| Cheque: | Money Ord | er: Cred | dit Card: Mast | erCard | Visa |
| Card holder's name: | · | | | | |
| Expiry Date: | _/ N | umber: | | | |
| Billing Address: | | | | | |
| | Province: Postal Code: | | | | |
| | | | | en received and pro | ncessed You will |

Please note that registration will not be complete until payment has been received and processed. You will be notified once the registration is completed and successful. Please mail your registration to:

c/o KidsAbility
500 Hallmark Drive
Waterloo, ON N2K 3P5