



# Registration Form

October 23<sup>rd</sup>  
& 24<sup>th</sup> 2019

Northbury Hotel & Conference  
Centre – Sudbury, Ontario

FULL NAME \_\_\_\_\_

FULL NAME ON ID \_\_\_\_\_

(if required, for travel and hotel accommodation)

Pronouns: \_\_\_\_\_

(She, her, hers | He, him, his | They, them, theirs | Ze or zie | name only | ext.)

AGENCY | INDIVIDUAL: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ EMAIL \_\_\_\_\_

TELEPHONE (day) \_\_\_\_\_ (evening) \_\_\_\_\_

**Please check one:**

- |   |   |                                       |   |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> PLWHIV (FREE)  | <input type="checkbox"/> Guest Speaker (FREE)                           | <input type="checkbox"/> Elder (FREE) | <input type="checkbox"/> Volunteer (FREE) |
| <input type="checkbox"/> Friend/Family (\$40)                                 | <input type="checkbox"/> Student (with valid ID) (\$40)                 |                                       |   |
| <input type="checkbox"/> Health Care Provider (Physician, Nurse, etc.) (\$75) | <input type="checkbox"/> Social Service Support (ODSP, OW, etc.) (\$75) |                                       |   |
| <input type="checkbox"/> Education (Professor, Teacher, etc.) (\$75)          | <input type="checkbox"/> ASO or Professional Organization (\$75)        |                                       |   |

The conference fee secures your place at the Conference and is **non-refundable**.

**\*\*Opening Doors will NOT be held liable for any losses or damage incurred by Conference Participants.\*\***

**We will have an optional movie night during the evening of October 22<sup>nd</sup>. There is no additional cost to participate, but registration is required.** If you are arriving on that day, are you interested? YES or NO

**We will have an optional dinner/entertainment evening on October 23<sup>rd</sup>. There is no additional cost to participate, but registration is required.** Are you interested? YES or NO

Do you have any special requirements? (Dietary, mobility, communication, etc.) YES or NO

If YES, please explain: \_\_\_\_\_

Please submit Registration by **October 18<sup>th</sup>, 2019.**

**You must register to attend the conference.**

**HOTEL ACCOMMODATION FOR GUESTS TRAVELLING A DISTANCE GREATER THAN 100kms**

**If you do not want to share accommodations**, register for single occupancy and include the surcharge of \$75.00/night.

**PLEASE NOTE: THIS IS A NON-SMOKING AND NON-VAPING HOTEL.**

Registration covers shared occupancy & scheduled meals only. Dinner and mileage reimbursement will be offered for out of town guests only (with valid receipts and completed reimbursement form). Carpooling is encouraged!

Child care expenses will be reimbursed for both local and out of town guests (with valid receipts and completed reimbursement form).

**HOTEL ACCOMMODATION**

- I would like to share a room.
- I would like to share a room with a specific person who is also attending the conference. This person is: \_\_\_\_\_.

- I will NOT be sharing **and include the \$75 per night surcharge (plus \$75 Conference fee).**
- I will need accommodations for  Oct 22<sup>nd</sup> (only for guests travelling a distance greater than 100kms)
- Oct 23<sup>rd</sup>  October 24<sup>th</sup> (only for guests travelling a distance greater than 250kms)

**TRANSPORTATION:**  **I will be driving/carpooling to the conference.**

- I will NOT be driving/carpooling to the conference and require assistance with the following:**
  - Bus ticket (GOVA, formerly Sudbury Transit)
  - Bus ticket (GOVA PLUS, formerly HandiTransit, for guests with mobility issues)
  - Bus ticket (Northland, Greyhound, for guests travelling distances greater than 100kms only)
  - Plane ticket (only for guests travelling distances greater than 250kms, some restrictions apply)

My date of birth is: \_\_\_\_\_

This is required for booking plane travel only.

- Taxi (from the Sudbury Airport and back only)

**METHOD OF PAYMENT** (please indicate one) **All payments MUST be received 10 days prior to conference!**

- I am a PHA applying for Financial Assistance to attend the conference.
- Enclosed: cash or cheque/money order, payable to Réseau ACCESS Network, in the amount of: \$ \_\_\_\_\_
- Please charge my credit card in the amount of \$ \_\_\_\_\_

**PLEASE PRINT CLEARLY:** Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ CCV# (on back of card) \_\_\_\_\_

**MAIL to the attention of Lynda (Please mark CONFIDENTIAL on envelope.)**

Réseau ACCESS Network, 111 Larch Street, 4<sup>th</sup> Floor, Box 10, Sudbury, ON P3E 4T5 or **FAX:** (705) 688-0423

**For more info:**

PHONE: (705) 688-0500 ext 200 OR TOLL FREE: 1-800-465-2437 Email: [lyndac@reseauaccessnetwork.com](mailto:lyndac@reseauaccessnetwork.com)

**\*\* All attendees are requested to fill out a survey after attending the conference. \*\***