

Use this form if your organization is registering multiple participants and making payment

PSNO Conference 2010 Group Registration

Conference Date: Monday, October 18, 2010

Place: Hilton Suites, Markham, Ontario

1. EMPLOYER INFORMATION

Organization _____

Main Contact Name _____ Title _____

Delivery setting: Home Care LTC Hospital Supportive Housing CSS Other

Address _____

City _____ Province _____ Postal Code _____

Telephone: () _____ Fax: () _____

E-mail: _____

2. CONFERENCE FEES

Current PSW Members of the Personal Support Network of Ontario receive a \$50 discount on conference fees. Non-members can join for \$25 and receive a \$25 discount on to the total conference fee. A completed PSNO Membership Application must be received with conference registration to qualify for conference discount.

PSNO Membership Status	Membership Fee	Fee	Total Conference Cost
Current PSNO Members		149.00	149.00
Become PSNO Members	\$25.00 PSW	149.00	174.00
	\$50.00 Mgrs. / Instructors	149.00	199.00
Conference Only/non-members	n/a	199.00	199.00

3. REGISTER PARTICIPANTS - complete a line for each participant

	Name (First Last)	Job Title	PSNO Member?	Join PSNO?	Total Fee (enter amount)		
					current PSNO member \$149	PSNO Membership & conference fees \$174*	Conference only \$199
1.			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
2.			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
3.			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
4.			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
5.			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
6.			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			

*PSNO Membership Application must be included to qualify for discounted rate

Name (First Last)	Job Title	PSNO Member?	Join PSNO?	Total Fee (enter amount)		
				current PSNO member \$149	PSNO Membership & conference fees \$174*	Conference only \$199
7.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
8.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
9.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
10.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
11.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
12.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
13.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
14.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
15.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
16.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
17.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
18.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
19.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
20.		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no			
			Total			

*PSNO Membership Application must be included to qualify for discounted rate

Dietary restrictions _____

5. PAYMENT (registration not final until payment received)

Total Number of Registrants: _____ Total Amount Payable: _____

Payment information:	How to Submit:
By <i>cheque</i> : <input type="checkbox"/> Yes (Payable to OCSA) By <i>credit card</i> : <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa Credit card _____/_____/_____/_____ Expiry date _____/_____ Name of cardholder _____	By mail: Personal Support Network of Ontario c/o OCSA 104-970 Lawrence Ave W. Toronto, ON, M6A 3B6 Fax: 416-256-3021 E-mail: sarah.blakely@psno.ca

Cancellations & Substitution

Cancellations received before September 30, 2010 will be refunded, less \$50.00 administration fee. Cancellations received after September 30, 2010 are not refundable. Refunds are not issued for "no-shows". Conference organizers reserve the right to cancel or change workshops due to insufficient registration or change in availability. Substitutions may be made up to and including the day of the conference. Questions about registration? Please contact Sarah Blakely at 800-267-6272 or 416-256-3010 ext 244 or sarah.blakely@psno.ca. PSNO is a division of the Ontario Community Support Association.