

To use this form to register multiple registrants, complete the fields below, save the PDF and email it as an attachment to [info@psno.ca](mailto:info@psno.ca).

## PSNO 2017 PSW & PSW Supervisor Training Day GROUP Registration Form

**Training Day Date: Tuesday, October 17, 2017**

**Venue: Hilton Suites Toronto/Markham, 8500 Warden Avenue, Markham ON - 905-470-8500**

### 1. ORGANIZATION INFORMATION

Name of Organization:		Main Contact Name:	
Title:		Branch:	
Address:			
City:	Postal Code:	Email:	
Phone:	ext.	Fax:	
Delivery Setting:			

### 2. REGISTRATION FEES

Fee		Cost	
Full Day Training Day		\$249.00	
Fee per delegate	Number of Delegates (enter names on page 2)	Total Payment (Fee x number delegates)	
	X	=	\$

### 3. PAYMENT INFORMATION (REGISTRATION IS NOT FINAL UNTIL FULL PAYMENT IS RECEIVED)

PAYMENT INFORMATION	HOW TO SUBMIT
By <i>cheque</i> : Yes <b>(Payable to OCSA)</b>  By <i>credit card</i> : Visa                      Mastercard  Credit Card Information: _____/_____/_____  Expiry date: ____/_____  Name of cardholder:	By mail: Personal Support Network of Ontario c/o OCSA 104-970 Lawrence Avenue West Toronto, ON, M6A 3B6  E-mail: <a href="mailto:info@psno.ca">info@psno.ca</a> Fax: 416-256-3021 Tel : 416-256-3010 / 800-267-6272 ext. 244



#### **Cancellations & Substitution**

Please note that the venue location and date may be subject to change. Cancellations received before September 30, 2017 will be refunded, less \$50.00 administration fee. Cancellations received after September 30, 2017 are not refundable. Refunds are not issued for "no-shows". Training Day 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 regarding registration? Please contact PSNO at 416-256-3010 ext. 244 or 1-800-267-6272 ext. 244 or [info@psno.ca](mailto:info@psno.ca).

PSNO is a division of the Ontario Community Support Association.

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**4. REGISTER PARTICIPANTS – PLEASE COMPLETE A LINE FOR EACH PARTICIPANT**

<b>NAME</b>	<b>TITLE</b>	<b>EMAIL</b>	<b>DIETARY RESTRICTIONS?</b>

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