



# OACRS REGISTRATION 2018



**REGISTRATION**—THANK YOU FOR REGISTERING FOR THE 2018 CONFERENCE. PLEASE COMPLETE ALL PAGES OF THE REGISTRATION FORM IN FULL AND READ AND ACCEPT THE CANCELLATION CLAUSE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT OFFICE@EVENTSINSYNC.COM OR 905-404-9545.

## CANCELLATION POLICY

Cancellations received prior to **OCTOBER 19, 2018**, are subject to a **\$75.00 administration fee**. After October 19, 2018 there will be no refunds however delegate substitution can be made until **MONDAY NOVEMBER 5, 2018 with no substitution fee**. From **TUESDAY NOVEMBER 6, 2018** a **\$75.00** delegate substitution fee applies.

I HAVE READ AND ACCEPTED THE CANCELLATION CLAUSE: YES

## REGISTRATION 3 WAYS

**Online** —Quick & easy and only by credit card—[Click Here for online registration](#)

**Mail: Events In Sync**, 1143 Wentworth Street W. Suite 202, Oshawa, ON L1J 8P7

**Fax: 1-905-404-3727**—Complete the registration form and fax to number provided. Sessions will **not be confirmed** until payment is received and processed.

**Group Registrations:** If you are registering a group of individuals from your organization, please contact Events In Sync for the process and direction. **office@eventsinsync.com; 905-404-9545**

## MEMBERSHIP

If you are a current OACRS member, please choose the member rates on page 21. If you are not a member, and want to become one, please contact the OACRS office at 416-424-3864 or info@oacrs.com prior to registering for the conference. OACRS Membership is not open to individuals. You have to be a staff at a member organization in order to take advantage of the member rates.

I am a current OACRS member  I am not a member and will choose the non-member rates

## DELEGATE REGISTRATION

One form per person. Photocopies are accepted. **What best describes you?**

- Occupational Therapist  Physiotherapist  Speech & Language Pathologist  Social Worker
- Psychologist  Administrator  Physician  Intake/Service Coordinator  Clinical Manager
- Board Member  Researcher  Government  Educator

**Please choose one:** Mr. Mrs. Ms. Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: (please print clearly) \_\_\_\_\_

REGISTRATION



# OACRS REGISTRATION 2018



**REGISTRATION**—CONTINUED (PAGE TWO OF FOUR)

**PLEASE PROVIDE FIRST AND LAST NAME TO KEEP YOUR REGISTRATION TOGETHER**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

## **DIETARY, ALLERGIES OR OTHER SPECIAL CONSIDERATIONS:**

If requesting Kosher or other special meals which must be brought in from outside the facility, there will be a 'upcharge' to cover additional cost including the cost of delivery.

*Please List here:* \_\_\_\_\_

## **WORKSHOP SELECTIONS**

*Please circle your choices—Workshops must be selected at time of registration. For Workshops unknown at the time, you are able invited to attend those at the conference without re-registration, providing they are not full.*

### **MONDAY NOVEMBER 19, 2018**

**10:30 AM—11:30 AM:** 101-18 102-18 103-18 104-18 105-18 106-18

**1:00 PM—2:00 PM:** 201-18 202-18 203-18 204-18 205-18 206-18

**2:30 PM—4:30 PM:** 301-18 302-18 303-18 304-18 305-18

### **TUESDAY NOVEMBER 20, 2018**

**8:30 AM—10:30 AM:** 401-18 402-18 403-18 404-18 405-18 406-18

**11:00 AM—12:00 PM:** 501-18 502-18 503-18 504-18 505-18

**1:00 PM—2:00 PM:** 601-18 602-18 603-18 604-18 605-18

## **LET US KNOW IF YOU PLAN TO ATTEND:**

Welcome Reception

PONDA Dinner  *Extra fee applies—See registration fee section*

## **PHOTOGRAPH, PICTURES, VIDEO POLICY: Please choose one**

Your conference registration constitutes acknowledgement of your agreement to appear in photographs, motion pictures and videos taken during the OACRS conference and releases the conference organizers and OACRS of any liability resulting in the use of such photographs, motion pictures and/or videos. If you do not want your picture taken during the conference, it is incumbent on you to notify the photographer onsite not to engage you in photos etc.

*Yes, I agree to this policy*

*No, I do not want my picture taken and will notify the photographer when a picture is about to be taken*

REGISTRATION

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**REGISTRATION**—CONTINUED (PAGE THREE OF FOUR)

PLEASE PROVIDE FIRST AND LAST NAME TO KEEP YOUR REGISTRATION TOGETHER

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

## REGISTRATION FEES

When choosing fees, choose your category (Member, Non-Member or Student) first, the full conference or one day option and then the conference rate, dependent on the day you are registering.

### WHAT DOES YOUR REGISTRATION INCLUDE?

**Full Conference**—Sunday Welcome Reception, Monday & Tuesday Breakfast, Breaks, Lunch & Conference Program

**One Day**—Monday or Tuesday: Breakfast, Breaks, Lunch & Conference Program

MEMBER EARLY BIRD FEES—BEST VALUE!	FULL CONFERENCE Nov 18—20	ONE DAY Nov 19 or 20	PONDA DINNER MEETING MONDAY
<b>MEMBER EARLY BIRD FEES TO OCTOBER 19</b>	\$455.00	\$290.00	\$65.00
<b>MEMBER REGULAR FEES FROM OCTOBER 20—NOVEMBER 9</b>	\$495.00	\$320.00	\$70.00
<b>MEMBER LATE &amp; ONSITE FEES FROM NOVEMBER 10—NOVEMBER 20</b>	\$530.00	\$360.00	\$85.00
<b>NON-MEMBER EARLY BIRD FEES TO OCTOBER 19</b>	\$555.00	\$340.00	\$65.00
<b>NON-MEMBER REGULAR FEES FROM OCTOBER 20—NOVEMBER 9</b>	\$595.00	\$380.00	\$70.00
<b>NON-MEMBER LATE &amp; ONSITE FEES FROM NOVEMBER 10—NOVEMBER 20</b>	\$630.00	\$420.00	\$85.00
<b>STUDENT EARLY BIRD FEES (Proof of Residency &amp; Student Status Required) TO OCTOBER 19</b>	\$290.00	\$185.00	N/A
<b>STUDENT REGULAR FEES (Proof of Residency &amp; Student Status Required) FROM OCTOBER 20—NOVEMBER 9</b>	\$330.00	\$205.00	N/A
<b>STUDENT LATE &amp; ONSITE FEES (Proof of Residency &amp; Student Status Required) FROM NOVEMBER 10—NOVEMBER 20</b>	\$355.00	\$235.00	N/A

REGISTRATION FEES



# OACRS REGISTRATION 2018



REGISTRATION PAYMENT

## REGISTRATION—CONTINUED (PAGE FOUR OF FOUR)

LEASE PROVIDE FIRST AND LAST NAME TO KEEP YOUR REGISTRATION TOGETHER

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

### TOTAL REGISTRATION FEES

Enter your total here: .....\$ \_\_\_\_\_

*If you are a Speaker or Poster Presenter you are provided with a discounted rate:*

*If registering for the full program, Discount -\$50.00. If registering for one day, Discount -\$30.00 .....\$ \_\_\_\_\_*

Final Total: .....\$ \_\_\_\_\_

*If Registering for One Day Select Which Day:* MONDAY  TUESDAY

### PAYMENT (Remember you can register online instead of paper at [\(link will go here\)](#))

By credit card: **FAX TO 1-905-404-3727:** VISA  MASTERCARD  AMEX

*Credit card payments will be processed by Events In Sync, Inc. and your statement will show Events In Sync as the vendor. Events In Sync, Inc. is the conference management company for this event.*

NAME ON CARD: \_\_\_\_\_

NUMBER: \_\_\_\_\_ EXPIRY \_\_\_\_\_ CVN \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**By Mail:** With cheque payable to: **Ontario Association of Children’s Rehabilitation Services (OACRS)**, c/o Events In Sync, 1143 Wentworth Street West, Suite 202, Oshawa, ON L1J 8P7

### CONSENT TO BE INCLUDED ON CONFERENCE LISTS, *Please choose one. If not completed it is assumed you are providing consent. Thank you.*

To facilitate networking amongst Conference attendees, OACRS will provide a delegate list with names, organizational affiliations and contact information of all Conference registrants. By registering for this event, you are providing consent to be included on this list.

- Yes**, I am providing consent to use my contact information with other delegates
- No**, please do not share my contact information

**QUESTIONS?** Events In Sync, Office—905-404-9545; office@eventsinsync.com