



## 8<sup>th</sup> Annual Conference Registration Form

September 15<sup>th</sup> – 16<sup>th</sup>, 2011

- Ramada Inn Belleville –

11 Bay Bridge Road Belleville, Ontario K8P 3P6

**One form per applicant please.**

**Registration Information:**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**Conference Package:**

- **Full Conference with two night's accommodations** - \$275.00(cost based on double occupancy)  
\$360.00(cost based on single occupancy)

Including two night's accommodations at the Ramada Inn Belleville (14<sup>th</sup> & 15<sup>th</sup>). Breakfast, lunch, and refreshments for both days. Hospitality Suite on Wednesday evening and a dance on Thursday evening.

- **Full Conference with one night's accommodation** - \$200.00(cost based on double occupancy)  
\$250.00(cost based on single occupancy)

Including one night accommodations at the Ramada Inn Belleville (15<sup>th</sup>). Breakfast, lunch, and refreshments for both days and a dance on Thursday evening.

- **Day Rate** - \$100.00/day

Includes lunch and refreshments during the day and admittance to the dance on the 16<sup>th</sup>.

Will you be attending **Self Advocate** or **Staff** Sessions?? (Please Circle One)

**Diet Requests:**

Do you have any special diet needs or requests?

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**Room Reservations:**

Do you have any accommodation requirements that we need to make the hotel aware of??

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Name of People in the room:

❖ \_\_\_\_\_

❖ \_\_\_\_\_

All rooms in the motel are **non smoking**.

**Payment:**

Conference registration will be confirmed when payment is received. A \$15.00 processing fee will be charged for payments received after September 7<sup>th</sup> 2011. You can pay by cheque or by credit card. All cheques **must** be made payable to Advocates for Community Education and can be mailed to:

**Advocates for Community Education**  
c/o Community Living Campbellford/Brighton  
65 Bridge Street East P.O Box 1360  
Campbellford, Ontario K0I 1L0

**Credit Card: VISA or Mastercard**

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Type: \_\_\_\_\_

**Cancellation & Refund Policy:**

All cancellations and requests for refunds of conference fees must be made in writing and submitted to the ACE Conference Committee before September 4<sup>th</sup>, 2011. A full refund less a \$50.00 processing fee will be made at that time. Refund requests received after September 4<sup>th</sup>, 2011 will only be considered for exceptional situations.

Please register by faxing this form to 705-653-5738 or email [admin@communitylivingcampbellford.com](mailto:admin@communitylivingcampbellford.com) the completed registration form.

For more information call Bev Dunlay @ 705-653-1821 Ext: 241

Attention ACE