



7th Annual Conference Registration Form
September 16th – 17th, 2010
- Holiday Inn Trenton –

99 Glen Miller Road Trenton, Ontario K8V 5P8

One form per applicant please.

Registration Information:

Name: _____

Organization: _____

Phone: _____ Fax: _____

e-mail address: _____

Conference Package:

Early Bird Discounts Offer of \$240 applies to confirmed registrations received before July 30, 2010.

○ **Full Conference with two nights accommodations** - \$260.00

Including two nights accommodations at the Holiday Inn Trenton (15th & 16th). Breakfast, lunch, and refreshments for both days. Hospitality Suite on Wednesday evening and a dance on Thursday evening.

(cost based on double occupancy).

○ **Full Conference with one nights accommodation** - \$190.00

Including one night accommodations at the Holiday Inn Trenton (16th). Breakfast, lunch, and refreshments for both days and a dance on Thursday evening. **(cost based on double occupancy).**

○ **Day Rate** - \$90.00/day

Includes lunch and refreshments during the day and admittance to the dance on the 16th.

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

Diet Requests:

Do you have any special diet needs or requests?

Room Reservations:

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

Name of People in the room:

❖ _____

❖ _____

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

Payment:

Conference registration will be confirmed when payment is received. Early Bird Discount Offer of \$20.00 per person applies to confirmed registrations received before July 30, 2010. A \$15.00 processing fee will be charged for payments received after September 7th 2010. 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 4th, 2010. A full refund less a \$50.00 processing fee will be made at that time. Refund requests received after September 4th, 2010 will only be considered for exceptional situations.

Please register by faxing this form to 705-653-5738

Attention ACE

