



REGISTRATION FORM
Whole Student Conference 2007

Friday, January 26, 2007
Halifax, Nova Scotia

Please! Type or print CLEARLY ~

Name: _____ Badge Name: _____
Organization: _____

_____ (please do not abbreviate the name of your institution/organization)

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Work Phone: _____ Work Fax: _____

E-Mail Address: _____

Registration Options

Early Registration: \$100 (full-time students \$50 with copy of valid student ID)-
Payment [cheque, MASTERCARD, VISA, or AMEX] must be received [not just postmarked]
\$_____ on or before December 15, 2006.

Regular Registration: \$120 (full-time students \$60 with copy of valid student ID)-
Payment [cheque, MASTERCARD, VISA, or AMEX] must be received \$_____ on or before
January 26, 2007.

Total Amount Due \$_____

Payment Options:

____ Enclosed is a cheque payable to Saint Mary's University

____ Enclosed is my credit card information

____ MASTERCARD ____ VISA ____ AMEX (check one)

Cardholders Name _____

Card # _____ Expiry _____

Signature _____

Mail Registration Form, Credit Card information (VISA, MASTERCARD, or AMEX) or Cheque to: Whole Student Conference, Atlantic Centre of Support for Students with Disabilities, Saint Mary's University, Halifax, Nova Scotia, B3H 3C3

Concurrent Session Choices:

Please indicate choice for each concurrent session. Requests will be honoured on a first-come, first-serve basis.

Concurrent Session I

First Choice _____

Second Choice _____

Third Choice _____

Concurrent Session II

First Choice _____

Second Choice _____

Third Choice _____

Concurrent Session III

First Choice _____

Second Choice _____

Third Choice _____

Lunch (included in registration fee) will be a luncheon buffet. Please let us know if you will **not** be attending the lunch by checking here
_____ I will NOT be attending

Opening Reception on Thursday evening, January 25th 7:00pm-9:00pm. Please let us know if you will **not** be attending the opening reception by checking here
_____ I will NOT be attending

If you do **not** wish your contact details included on our Conference Contact List, please indicate so by checking here ____

Receipt will be issued at the conference unless otherwise requested.

(HST included in fee)

HST registration No. R119-189-900-RT0001