

**START SMART – Conference**  
**August 25-28, 2009**  
 Return completed form by **August 18, 2009**  
 Centre for Students with Disabilities  
 Centennial College, Progress Campus, Room C1-03  
 P.O. Box 631, Station A, Toronto, ON M1K 5E9  
 FAX: 416-289-5162

**STUDENT INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
 Address \_\_\_\_\_  
Number Street Apartment  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_  
 Centennial Program \_\_\_\_\_ Centennial Student # \_\_\_\_\_ OCAS # \_\_\_\_\_

**Have you registered with the Centre for Students with Disabilities?**  Yes  No  
 If you answered no, please contact us to book an appointment. You will need to bring documentation regarding your disability when you register. Please bring this registration form with you.

**PAYMENT INFORMATION**

- \$50 due upon registration. Please check your payment method. We cannot accept cash or debit
- If paying by cheque or money order, please MAIL, along with this Registration Form
- If paying by CREDIT CARD, fax OR mail us your Registration Form

- Certified Cheque (Payable to "Centennial College")  
 Money Order (Payable to "Centennial College")  
 Mastercard  Visa  American Express

Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name on card (please print) \_\_\_\_\_

CARDHOLDER'S SIGNATURE: I authorize \$50 to be charged to the above account – please sign

**ACCOMMODATION , HEALTH AND SAFETY, PERMISSION**

**ACCOMMODATION REQUIREMENTS:**

All participants will be staying at the Centennial College Residence and Conference Centre, located at Progress campus (416-438-2216). Rooms are shared, 2 people per room. If you are coming with a friend, you can share a room. Please check one of the following:

- I would like to share my room with \_\_\_\_\_  
 Please pair me with someone

**HEALTH & SAFETY:**

I have the following dietary restrictions/allergies: \_\_\_\_\_

I have the following medical issues/concerns that the CSD/START staff should be aware of:  
 \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**FOR STUDENTS UNDER 18 YRS OF AGE:**

I, \_\_\_\_\_ (parent/legal guardian - please print name) give permission to  
 \_\_\_\_\_ (student's name) to attend the START SMART Conference.

\_\_\_\_\_ (signature of parent/legal guardian)