

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)