



Website: www.DeafWomenCanada.ca
E-mail: dwc@deafwomencanada.ca

Mailing address:
Canadian Deaf Women's Conference 2007
141-6200 McKay Avenue
Burnaby, BC V5H 4M9
Canada

REGISTRATION FORM

Last Name First Name Initials

Mailing Address

City Province Postal Code

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Telephone Number Fax Number

Email address

☐ Deaf ☐ Hard of Hearing ☐ Deaf-blind ** ☐ Hearing ☐ Hearing ASL user

Check one box only for the all-included Combo package:

Combo	Early Bird (before April 30, 2007)	Regular (before June 30, 2007)	Late (before August 14, 2007)
Adult	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$300.00
Youth (18 – 30 years)	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$250.00
Elder (55 years and up)	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$250.00
Corn Party	<input type="checkbox"/> \$ 10.00	<input type="checkbox"/> \$ 15.00	<input type="checkbox"/> \$ 20.00
Total			\$

- ** 1) The combo is free for your intervener. Transportation, accommodation and meals are not included.
2) The combo package includes receiving the conference program, access to the welcome/farewell receptions, all workshops, and one ticket to an evening event. If you wish to attend another evening event, you can purchase a ticket at additional cost.

For evening event, please choose one of the following:

☐ Special Performance ☐ Fashion Show ☐ Storytelling/comediennes Performance

Please pick four (4) topics of interest:

- _____ Advocacy, Community Development, Women's Role in Society, Self-advocacy, Education, History, Equal Employment Opportunities
- _____ Seniors/Aboriginals/Immigrants, & Visible Minority Rights, Youth
- _____ Financial/Economic Independence, Entrepreneurship (business), Poverty
- _____ Health, Mental Health, Healthy Lifestyle & Leisure, How to deal with serious illness (i.e. cancer, diabetes, heart attack and stroke)
- _____ Domestic Violence, Sexual Assault, Substance Abuse
- _____ Single Mothers with Children, Personal & Family Relationships

Without combo package - check one or more activities:

Activities	Rates
Welcome Reception	<input type="checkbox"/> \$15.00
Daily Workshop. Date: _____ Date: _____ Date: _____	<input type="checkbox"/> \$50.00
Farewell Reception	<input type="checkbox"/> \$15.00
Special Performance	<input type="checkbox"/> \$30.00
Fashion Show	<input type="checkbox"/> \$30.00
Storytelling./Comediennes	<input type="checkbox"/> \$30.00
Day Tour – Friday, August 17 th	<input type="checkbox"/> \$35.00
Total	\$

Do you need childcare services?

Yes____ No____

When?

Day_____ Night _____ Both _____

How many children will you bring? _____.

Their age(s): _____.

Note: Payments can be made by certified cheque or money order in Canadian currency and made payable to Canadian Deaf Women's Conference 2007. To pay by Visa or MasterCard, please go to Paypal.com's website (you must open your own Paypal account to pay with Paypal.) Please make payments to the email address: sjgiroux @ gmail.com. Print out the Paypal receipt and staple it to this form and mail to our address. ***No Personal Cheques***

Please return the form with attached payment to:

**Canadian Deaf Women's Conference 2007
Box 563
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