

BUILDING A COMMUNITY OF ACCEPTANCE

2007 AUTISM ONTARIO CONFERENCE

June 15 & 16, 2007

Ramada Plaza, 300 Jarvis Street, Toronto



Conference Registration Form

First and Last Name: _____
(Please Print)

Address: _____

City: _____ Postal Code: _____ Phone: _____

E-mail: _____

Autism Ontario Membership expiry date: ____ / ____
(Located on your membership card)

Please register* me for:

Both Days

Friday June 15

Saturday June 16

Member

Early Bird	After June 5
\$125	\$145
\$ 65	\$ 75
\$ 65	\$ 75

Non-Member

Early Bird	After June 5
\$175	\$195
\$ 90	\$100
\$ 90	\$100

Annual & Special General Meeting, Saturday June 16: Members only, No charge

My cheque (made payable to AUTISM ONTARIO) for \$ _____ is enclosed;

Please charge my VISA MasterCard

Card number: _____ Exp. Date: ____ / ____

Name on card (please print): _____

Signature: _____ Total Amount: \$ _____

***Please Note:**

Registration fees do not include hotel accommodations. Please call the Ramada Plaza at 416-977-4823 and mention this conference to receive a preferred rate. Please call to confirm all faxes.

Special Diet Requests: _____

Please fax, mail or drop your registration to:

Autism Ontario, 1179 A King St. West., Suite 004, Toronto, ON M6K3C5
Phone: 416-246-9592 x 224 Fax: 416-246-9417