



DeafWomenCanada.ca
"Honouring Our Past, Planning Our Future"

Website: www.DeafWomenCanada.ca
E-mail: dwc@deafwomenscanada.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 13, 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): _____.

Please return the form with attached payment to:

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Box 563
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