

## P.O.A.O. SYMPOSIUM 2006 REGISTRATION

Note: Please complete one form per delegate/registrant

This form is fill able on-line. All fields are mandatory

Please type or print clearly and read all registration information carefully.

Closing date for Registration is October 20<sup>th</sup>, 2006

Name: \_\_\_\_\_  
Surname First Name Initial

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Please provide your E-Mail: \_\_\_\_\_

Organization/Ministry Position: \_\_\_\_\_

|  |     |     |    |     |
|--|-----|-----|----|-----|
| I will be attending the full Symposium | YES | ___ | NO | ___ |
| Sunday only                            | YES | ___ | NO | ___ |
| Monday only                            | YES | ___ | NO | ___ |
| Tuesday only                           | YES | ___ | NO | ___ |
| Wednesday only                         | YES | ___ | NO | ___ |

### WORKSHOP CHOICES

|  | 1 <sup>st</sup> | 2 <sup>nd</sup> | 3 <sup>rd</sup> |
|--|-----------------|-----------------|-----------------|
| Monday a.m. workshops (A1, A2, A3, A4, A5, A6, A7) | ___             | ___             | ___             |
| Tuesday All Day Intensive (B1)                     | ___             | ___             | ___             |
| Tuesday a.m. workshops (C1, C2, C3, C4, C5, C6)    | ___             | ___             | ___             |
| Tuesday p.m. workshops (D1, D2, D3, D4, D5, D6)    | ___             | ___             | ___             |

### MEALS

|                            |     |     |    |     |
|----------------------------|-----|-----|----|-----|
| All Meals                  | YES | ___ | NO | ___ |
| Sunday Wine and Cheese     | YES | ___ | NO | ___ |
| Monday Lunch               | YES | ___ | NO | ___ |
| Monday Night Social        | YES | ___ | NO | ___ |
| Tuesday Banquet            | YES | ___ | NO | ___ |
| Wednesday Buffet Breakfast | YES | ___ | NO | ___ |

Dietary Restrictions (describe) \_\_\_\_\_ and or Special Needs (describe) \_\_\_\_\_

If necessary please attach a separate sheet.

**Method of Payment:** Ministry sponsored Probation Officers: **MCYS** \_\_\_ **MCSCS** \_\_\_

Cheque \_\_\_ Money Order \_\_\_ (Payable to "POAO Symposium 2006")

VISA \_\_\_ MasterCard \_\_\_ Ministry Credit Card (GST Exempt) \_\_\_

Number and Expiry \_\_\_\_\_

**FAX TO: David Kerr St.Thomas Probation and Parole, (519) 631-0971**

**OR MAIL:** 198 Talbot St., St. Thomas On. N5P 1A7

***No e-mail or telephone registrations will be accepted.***

|                 |                     |                       |
|-----------------|---------------------|-----------------------|
| Admin Use Only: | Date Received _____ | Amount Received _____ |
|-----------------|---------------------|-----------------------|