



Canadian Celiac Association
National Conference 2006 - Toronto May 26 – 28, 2006
Renaissance Toronto Airport Hotel
Registration Form

Registrations received prior to March 31, 2006 will receive the “Early Bird Value”. All fees are payable to “Canadian Celiac Association Toronto Chapter” at the time of registration. **Please send this form and your cheque or money order to the address indicated below. (No post-dated cheques please)**

Name of Guest(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel (res): _____ Tel (cell): _____

Email: _____

Registrations will be confirmed via email. Official receipts will be issued at the conference.

Registration Options: (Bold Recommended)	No. of Guests	Member	Early Bird	Non Member	Early Bird	Total
i) Full Program (Excluding Banquet)	_____	<input type="checkbox"/> \$185	<input type="checkbox"/> \$160	<input type="checkbox"/> \$210	<input type="checkbox"/> \$185	_____
ii) Saturday Program (Excluding Banquet)	_____	<input type="checkbox"/> \$150	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175	<input type="checkbox"/> \$150	_____
iii) Sunday Program Only	_____	<input type="checkbox"/> \$50	<input type="checkbox"/> \$40	<input type="checkbox"/> \$55	<input type="checkbox"/> \$45	_____
iv) Banquet	_____	<input type="checkbox"/> \$80	<input type="checkbox"/> \$80	<input type="checkbox"/> \$95	<input type="checkbox"/> \$80	_____

Total Amount Enclosed: _____

Please specify any other dietary restrictions or allergies: _____

Do you have any children attending the conference: Yes No
 (if “Yes” please complete Children’s Registration Form)

SIGNED on the _____ day of _____, 20____.

 Chapter Affiliation

 Please Print Name of Authorized Person

Signature of Authorized Person

Would you be interested in making a donation to the conference or becoming a sponsor? Yes No



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Children's Registration Form

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Note: All children five (5) years of age and older are welcome to join the Children's Program. The pricing indicated below is based strictly on the cost of meals for children twelve (12) and younger and not on program preference.

Name of Child(ren):	Age(s) of Child(ren):
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Name of Parent or Guardian:

Address:

City:	Province:	Postal Code:
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Tel (res):	Tel (cell):
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Emergency Contact:	Emergency (tel):
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Registrations will be confirmed via email. Official receipts will be issued at the conference.

Registration Options: (Bold Recommended)	No. of Guests	Member	Early Bird	Non Member	Early Bird	Total
i) Children's Full Program (5 yrs. & older)	_____	<input type="checkbox"/> \$120	<input type="checkbox"/> \$95	<input type="checkbox"/> \$150	<input type="checkbox"/> \$120	_____
ii) Children's Saturday Program (5 yrs. & older)	_____	<input type="checkbox"/> \$100	<input type="checkbox"/> \$80	<input type="checkbox"/> \$125	<input type="checkbox"/> \$100	_____
iii) Children's Sunday Program (5 yrs. & older)	_____	<input type="checkbox"/> \$40	<input type="checkbox"/> \$30	<input type="checkbox"/> \$50	<input type="checkbox"/> \$40	_____
iv) Children's Banquet (5 yrs. & older)	_____	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	<input type="checkbox"/> \$65	<input type="checkbox"/> \$40	_____

Total Children's Amount Enclosed: _____

(The Children's Program will be available only if there is a minimum of 20 children registered)

Does your child (or children) have Celiac Disease? Yes No

Please specify any other dietary restrictions or allergies:

SIGNED on the _____ day of _____, 20____.

Please Print Name of Parent or Guardian

Signature of Parent or Guardian

Canadian Celiac Association Toronto Chapter – PO Box 23056, Castlewood Postal Outlet,
550 Eglinton Avenue West, Toronto, Ontario, M5N 3A8 www.torontoceliac.org

National Conference Registration Form 2006 102005 Charitable Registration No. 11884 2038 RR0001