

CONFERENCE & AGM REGISTRATION FORM

PLEASE PRINT

Full Name: _____

Home Mailing Address: _____
APT. STREET CITY/TOWN POSTAL CODE

School Board: _____

School Name: _____

School Address: _____
STREET CITY/TOWN POSTAL CODE

School Phone: (____) _____ - _____ School Fax: (____) _____ - _____ School E-mail: _____

Please indicate [✓] which category you belong to:

- | | | |
|---|---|---|
| <input type="checkbox"/> CPCO Member | <input type="checkbox"/> CPCO Executive Council Member | <input type="checkbox"/> CPCO Official AGM Delegate |
| <input type="checkbox"/> CPCO Standing Committee Chair | <input type="checkbox"/> AGM Steering Committee | <input type="checkbox"/> CPCO Associate member |
| <input type="checkbox"/> 2012 Conference Committee Member | <input type="checkbox"/> Professional Services Committee Member | <input type="checkbox"/> Non-Member |

Please indicate [✓] the package selected:

	Package A []	Package B []	Package C []	Package D []	Package E []
Member	\$525.00	\$500.00	\$400.00	\$300.00	\$130.00
Non-Member	N/A	\$650.00	\$500.00	\$325.00	\$185.00
Delegate	\$525.00	N/A	N/A	N/A	N/A

If you selected Package A, B, C or D, please circle your choices for the breakout sessions.

	FIRST CHOICE				SECOND CHOICE			
Breakout Session 1	1A	1B	1C	1D	1A	1B	1C	1D
Breakout Session 2	2A	2B	2C	2D	2A	2B	2C	2D
Breakout Session 3	3A	3B	3C	3D	3A	3B	3C	3D

Please indicate any special dietary requirements:

Payment of Conference Fees

Participants must forward full payment with this application form.

Cheque (make payable to CPCO and attach to this form)

Amount: \$ _____

Credit Cards (VISA or MasterCard ONLY):

VISA (13 or 16 digits) Amount: \$ _____

MasterCard (16 digits) Amount: \$ _____

Registration available online for credit card payment only.

Visit www.cpco.on.ca

If paying by credit card complete the information below.

Card#: _____
Exp. Date: _____
Name: _____
Signature: _____

- If you are an official delegate, executive council member, CPCO committee chair, AGM steering committee member, conference committee member or professional services committee member, guestrooms have been reserved on your behalf at the Westin Harbour Castle Hotel. Confirmation numbers for your guestroom will be provided in your conference confirmation letter. Please note, you are still required to submit a conference registration form.
- For all other conference participants, CPCO has arranged for a block of guestrooms at the Westin Harbour Castle Hotel. When calling to make a reservation, please identify yourself as being with the Catholic Principals' Council of Ontario to ensure that you receive the conference rate.

Conference Rate: \$189.00 single/double Toll Free: 1-800-937-8461 or Local: 416-869-1600
Reservation cut-off date for the hotel is March 26, 2012
- Cancellation Policy: Full refunds will be given up to March 23, 2012. After that time a \$50.00 cancellation fee will be charged. No refunds after April 5, 2012.

**REGISTRATION AND PAYMENT IN FULL
MUST BE RECEIVED BY
APRIL 5, 2012.**

Receipts will be issued with confirmation of registration.

The Catholic Principals' Council of Ontario
400 - 161 Eglinton Ave. East
Toronto, Ontario M4P 1J5

Fax: 416-483-2554