Registration Form: Health Action Assembly and Conference 2015

Please fill in this form and return with cheque to the Ontario Health Coalition at 15 Gervais Drive, Suite 604, Toronto, Ontario M3C 1Y8 tel: 416-441-2502 email: ohc@sympatico.ca (online at [www.ontariohealthcoalition.ca](http://www.ontariohealthcoalition.ca))

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people attending\_\_\_\_\_\_\_\_

Additional Names of Attendees (if applicable)

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Tel (day)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel (evening)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SATURDAY ASSEMBLY** (November 21, 2015)

Number of people attending \_\_\_\_\_ x $\_\_\_\_ (registration fee $0 - $40 sliding scale) = $\_\_\_\_\_\_ Subtotal A

**SUNDAY CONFERENCE** (November 22, 2015)

Number of people attending \_\_\_\_\_ x $\_\_\_\_ (registration fee $0 - $40 sliding scale) = $\_\_\_\_\_\_ Subtotal B

**Subtotal A $\_\_\_\_\_ +**

**Subtotal B $\_\_\_\_\_**

 **= \_\_\_\_\_ Total**

These fees help cover the cost of the venue, speakers and bringing in local health coalitions from across Ontario. It’s a pay what you can sliding scale from $0 - $40 per day.

For office use only: \_\_\_ confirmation sent \_\_\_ pkg sent \_\_\_ registered \_\_\_ db \_\_\_ els \_\_\_lists

