

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)

Name _____ Organization (if applicable) _____

Street Address _____ City/Town _____ Postal Code _____

Number of people attending _____

Additional Names of Attendees (if applicable)

-
-
-
-
-
-
-
-
-
-
-
-

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

