

OAME 2008 Conference Registration Form:

The Path is Made by Walking



OAME 2008 Registration Fees:

OAME STATUS	FULL*	THURS* & SAT	FRI* & SAT	THURS* ONLY	FRI* ONLY	SAT ONLY
NEW OR EXISTING MEMBERS	260	215	215	185	185	65
OAME RETIRED MEMBERS	245	195	195	165	165	55
OAME Student Members	185	150	150	130	130	50
NON-MEMBERS	295	245	245	200	200	75

*PLEASE NOTE THAT ONE BUFFET LUNCH PER DELEGATE WILL BE PROVIDED FOR THURSDAY AND FRIDAY CONFERENCE REGISTRATION.

Please complete the following information:

Name:			
Address:			
School Name & Board:			
Daytime Telephone #:		Fax #:	
Email:			
OAME Member:	<input type="checkbox"/> YES (Membership #: _____) <input type="checkbox"/> NO		
	<input type="checkbox"/> I wish to become a member – enclose the membership fee and pay the New or Existing Members registration fee (Visit http://www.oame.on.ca/main/files/membership/membershipform.pdf to download the OAME membership form.)		
Special Dietary Needs (please include food allergies):			
Hotel Accommodations:	Please call 1-800-668-0101 to make reservations at the: Sheraton Parkway Hotel (\$139/night) or Best Western Hotel (\$109/night)		
Paid Evening Events:	<input type="checkbox"/> Nine & Dine (\$50) <input type="checkbox"/> Vaughan Mills (\$5) <input type="checkbox"/> OAME Awards Banquet (\$45)		
Total Amount Enclosed:	\$	Please include your MCIS # for processing purposes:	
<input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card			

ALL PAID REGISTRATIONS WILL BE CONFIRMED BY EMAIL/FAX WITHIN 10 DAYS OF BEING RECEIVED.
 RECEIPTS WILL BE AVAILABLE WHEN DELEGATE REGISTER AT THE CONFERENCE.
 PLEASE NOTE THAT REFUNDS WILL BE GRANTED, LESS AN ADMINISTRATION FEE OF \$25 UNTIL APRIL 23RD, 2008.

Please send this Registration Form and a cheque made payable to OAME2008 to: St. Elizabeth CHS, c/o Diana Vena, 525 New Westminister Dr., Thornhill, Ontario, L4J 7X3 OR FAX to #519-471-6324 with Credit Card Information: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard			
Cardholder Name (Print):		Today's Date:	
Card Number:		Expiry Date:	
Authorizing Signature:			

FOR FURTHER INFORMATION, CONTACT DIANA VENA, diana.vena@ycdsb.ca OR
 SUE HESSEY, #519-471-6324, oame.hessey@sympatico.ca



www.oame2008.ca

