

# Conference Payment Form

**PLEASE REGISTER ONLINE BEFORE SENDING THIS FORM. ALSO, PLEASE COMPLETE THIS FORM BY JUNE 5, 2017.**

Fax this form to: 416-675-2015 ATTENTION: Anna Patola  
or mail to  
School of Health Sciences, K201X  
Humber College Institute of Technology & Advanced Learning  
205 Humber College Blvd. Toronto, Ontario, M9W 5L7

**PLEASE DO NOT SEND VIA EMAIL.**

If you have questions regarding the conference or you have not received confirmation of your payment within two week please contact

Anna at:

**anna.patola@humber.ca**

Cost: \$195/person

## **CLEARLY PRINT YOUR INFORMATION BELOW:**

Name of Participant 1: \_\_\_\_\_  
Name of Participant 2: \_\_\_\_\_  
Name of Centre/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## **ALLERGIES**

Do you have any food related allergies? YES  NO

If yes, please specify:

## **PHOTO CONSENT DISCLOSURE**

A member of the Child Care Supervisors Conference Committee may be taking photographs at this event. Your image may be used in printed and electronic publications for promotional and educational purposes. If you have concerns about your image being used for these purposes contact: anna.patola@humber.ca.

## **PAYMENT OPTIONS ARE AS FOLLOWS:**

VISA, MASTERCARD, Business cheque or certified cheque payable to Humber College. Personal cheques cannot be accepted. Declined VISA or MASTERCARD payments are subject to a \$30 service fee.

Payment must be received at least one week prior to the conference date. (We cannot accept payments at the registration desk). If you need to cancel your registration, one week notice is required. Cancellation after 7 days is non-refundable.

Payment Information: (Remember to attach this payment form with your fee). Please indicate choice of payment below:

Amount of payment enclosed: \_\_\_\_\_ Cheque # \_\_\_\_\_

Visa # \_\_\_\_\_ Master Card # \_\_\_\_\_

Name of cardholder: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Please note that the receipt will be sent to you after the event.**