## **Conference Payment Form**

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: \$150/person

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

Name of Participant1:	
Name of Participant 2:	
Name of Centre:/Agency	
Address:	
Phone:	
EMAIL:	
Personal cheques cannot be accept subject to a \$30 service fee.  Payment must be received at least accept payments at the registration notice is required. Cancellation at	cheque or certified cheque payable to Humber College.  oted. Declined VISA or MASTERCARD payments are  t one week prior to the conference date. (We cannot on desk) If you need to cancel your registration, one week fter 7 days is non-refundable.  er to attach this payment form with your fee). Please
Amount of payment enclosed:	Cheque #
Visa #	Master Card #
Name of cardholder:	Expiry Date:

Please note that the receipt will be sent to you within two weeks after the event