

Leadership for Impact



Relief and Development Forum 2010
June 23-25, Mississauga, ON
www.ccrda.ca

REGISTRATION FORM

This form is available for download at www.ccrda.ca

FORUM 2010
June 23–25, 2010

**Queen of Apostles
Renewal Centre**
1617 Blythe Road
Mississauga, Ontario



Canada's Annual Christian
Relief & Development Conference

CONFERENCE DETAILS

- **Begins:** Forum 2010 will begin with **Registration** (dinner not provided) at 7:00 p.m. on Wednesday, June 23rd, with the first **Session** beginning at 7:30 p.m.
- **Concludes:** The conference will end following lunch on Friday, June 25th.
- **Conference Centre:** Forum 2010 will take place at Queen of Apostles Renewal Centre.

	PACKAGE OPTIONS	CCRDA MEMBER	NON MEMBER
A	FULL (Includes meals and accommodations)	\$425	\$500
B	COMMUTER (lunch and dinner only, no accommodations)	\$300	\$375
C	REGISTRATIONS SUBMITTED AFTER MAY 21, 2010	Add \$20 per person	Add \$20 per person
D	DISCOUNT for Multiple Registrants from Same Organization (2 or more) (Discount does not apply after May 21, 2010)	10%	10%
E	DISCOUNT for Students	--	60%

REFUNDS

Full refund available until May 14th; 50% refund available until May 31st.

CONTACT INFORMATION

Should you have any questions about your registration, please contact:

Elizabeth Faulkner, CCRDA National Coordinator, Email: ccrda@ccrda.ca, Phone: 519-579-0633

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Queen of Apostles Renewal Centre • Mississauga, ON

CCRDA 2010 FORUM REGISTRATION

Organization					
Mailing Address					
City		Province		Postal Code	
Telephone			Fax		
Participants' Names			Email Addresses		
1					
2					
3					

REGISTRATION FEES All prices are in Canadian dollars and include applicable taxes.

PACKAGE OPTIONS	CCRDA MEMBER	NON-MEMBER
A FULL	X \$425 =	X \$500 =
B COMMUTER (Meals only)	X \$300 =	X \$375 =
C Additional charge after May 21 st	X \$20 =	X \$20 =
SUBTOTAL	\$	\$
D Multiple Registrant Discount (not applicable after May 21 st)	Less 10% =	Less 10% =
E Student Discount		Less 60% =
TOTAL ENCLOSED	\$	\$

PAYMENT METHOD

- Cheque (please make cheque payable to **CCRDA**)
 VISA MasterCard

Name on Credit Card <i>(please print)</i>	
Credit Card Number	Expiration Date (month/year)
Signature <i>(required)</i>	Authorized Amount \$

OPTIONS FOR SUBMITTING REGISTRATION & PAYMENT		
POSTAL MAIL	EMAIL	FAX
CCRDA 200 Silver Aspen Crescent, Kitchener, ON N2N 1J1	ccrda@ccrda.ca	Attention: Elizabeth Faulkner Fax Number: 519-885-5225

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