



FPSO CONFERENCE REGISTRATION FORM - SEPTEMBER 2019

Guest 1	Last Name: _____ First Name: _____
	Address: _____
	City: _____ Postal Code: _____
	Home Phone: _____ Cell Phone: _____ Email: _____

Foster Parent Association / Agency Affiliation: _____

Are you a ... Foster Parent CAS Staff Advocate FPA President Other: _____

Please check off your selections and track totals in the rightmost columns

Individual Hotel Nights			Total
Wed. Sep. 18, 1:00p - 9:00p	Directors Meeting for FPSO Directors Only <i>Dinner Included</i>	<input type="checkbox"/>	
	Wednesday Night Hotel accommodation \$150.00	<input type="checkbox"/>	\$ _____
Thurs. Sep. 19, 9:00a - 5:00p	President's, Advocates' & Directors' (PAD) Meeting <i>Lunch Included</i>	<input type="checkbox"/>	
	Thursday Night Hotel accommodation \$150.00 <i>is only to support people coming in for day training on Friday</i>	<input type="checkbox"/>	\$ _____

Leadership Package		Total
Hotel: Thursday, Friday and Saturday night hotel accommodations Meals: Thursday Lunch. Friday Breakfast, Lunch and Dinner. Saturday Breakfast, Lunch & Dinner. Sunday Breakfast. Meetings: Thursday Presidents Meeting, Friday Training (AM & PM), Saturday Training (AM & PM), Sunday Morning AGM	Single Occupancy \$895.00	<input type="checkbox"/> \$ _____
	Double Occupancy* \$745.00	<input type="checkbox"/> \$ _____

Course Selections		
Guest 1	Friday – Full Day (select one)	101 <input type="checkbox"/> 102 <input type="checkbox"/> 103 <input type="checkbox"/> 104 <input type="checkbox"/> 105 <input type="checkbox"/>
	Saturday – AM (select one)	201 <input type="checkbox"/> 202 <input type="checkbox"/> 203 <input type="checkbox"/> 204 <input type="checkbox"/> 301 <input type="checkbox"/>
	Saturday – PM (select one)	201 <input type="checkbox"/> 202 <input type="checkbox"/> 203 <input type="checkbox"/> 204 <input type="checkbox"/> 302 <input type="checkbox"/>
If my course selections are full, my alternate choices would be: _____		

If selecting double occupancy, please indicate name of roommate: _____

*If choosing double occupancy both packages must be of equal value.

Day Package (Friday only)		Total
Meals: Lunch only, or Lunch and Dinner Meetings: One full day workshop of your choosing	Friday Package (1 guest) – Lunch Only \$180.00	<input type="checkbox"/> \$ _____
	Friday Package (1 guest) – Lunch and Dinner \$210.00	<input type="checkbox"/> \$ _____

Course Selections	
Guest 1	Friday – Full Day (select one) 101 <input type="checkbox"/> 102 <input type="checkbox"/> 103 <input type="checkbox"/> 104 <input type="checkbox"/> 105 <input type="checkbox"/>
If my course selection is full, my alternate choice would be: _____	

Dinner Only (Friday)		Total
Meals: Dinner Only	Friday Dinner Only (1 guest) \$75.00	<input type="checkbox"/> \$ _____

Standard Package			Total
Hotel: Friday and Saturday night hotel accommodations Meals: Friday Dinner. Saturday Breakfast, Lunch & Dinner. Sunday Breakfast. Meetings: Saturday Training (AM & PM), Sunday Morning AGM	Single Occupancy \$735.00	<input type="checkbox"/>	\$ _____
	Double Occupancy* \$560.00	<input type="checkbox"/>	\$ _____

Course Selections						
Guest 1	Saturday – AM (select one)	201 <input type="checkbox"/>	202 <input type="checkbox"/>	203 <input type="checkbox"/>	204 <input type="checkbox"/>	301 <input type="checkbox"/>
	Saturday – PM (select one)	201 <input type="checkbox"/>	202 <input type="checkbox"/>	203 <input type="checkbox"/>	204 <input type="checkbox"/>	302 <input type="checkbox"/>
If my course selections are full, my alternate choices would be: _____						
If selecting double occupancy, please indicate name of roommate: _____						
*If choosing double occupancy both packages must be of equal value.						

Day Package (Saturday only)			Totals
Meals: Lunch only, or Lunch and Dinner Meetings: One full day workshop of your choosing	Saturday Package (1 guest) – Lunch Only \$180.00	<input type="checkbox"/>	\$ _____
	Saturday Package (1 guest) – Lunch and Dinner \$210.00	<input type="checkbox"/>	\$ _____

Course Selections						
Guest 1	Saturday – AM (select one)	201 <input type="checkbox"/>	202 <input type="checkbox"/>	203 <input type="checkbox"/>	204 <input type="checkbox"/>	301 <input type="checkbox"/>
	Saturday – PM (select one)	201 <input type="checkbox"/>	202 <input type="checkbox"/>	203 <input type="checkbox"/>	204 <input type="checkbox"/>	302 <input type="checkbox"/>
If my course selections are full, my alternate choices would be: _____						

Dinner Only (Saturday)			Totals
Meals: Dinner Only	Saturday Dinner Only (1 guest) \$75.00	<input type="checkbox"/>	\$ _____

AGM Meeting (Sunday)		
Meetings: Attending the AGM only	please check box if attending the AGM	<input type="checkbox"/>

Grand Total of All Items \$ _____

Hotel accommodation special needs: _____
 Dietary special needs: _____

Checks are made payable to:	FPSO Conference 2019		
Please mail registration form and check to:	FPSO Head Office 340 Kingsway Welland ON L3B 3N9		
Please forward any inquiries to:	FPSOconference2019@fosterparentssociety.org		
Or contact us by phone:	Conference Chairperson	Elaine Pratt	905-439-8625
	FPSO President	Cecile Brookes	905-954-0659
	FPSO Executive Director	Vanessa Milley	905-788-6820

Additional registration forms and workshop details can be found online at www.fosterparentssociety.org

Want to fill-out your form on-line prior to printing? Please visit our website for a fillable print-version of this form.