



FPSO CONFERENCE REGISTRATION FORM

AUGUST 19 - 23, 2020

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. August 19	Wednesday night accommodation	\$150.00	<input type="checkbox"/>	\$ _____
Thurs. Aug. 20, 9:00a - 5:00p	President's, Advocates' & Directors' (PAD) Meeting <i>Lunch Included</i>		<input type="checkbox"/>	
	Thursday night accommodation	\$150.00	<input type="checkbox"/>	\$ _____
<i>*for those with the leadership package, this is included in your cost.</i>				

Leadership Package			Total	
Hotel: Thursday, Friday and Saturday night accommodations	Single Occupancy \$895.00		<input type="checkbox"/>	\$ _____
Meals: Thursday Lunch Friday Breakfast, Lunch and Dinner Saturday Breakfast, Lunch and Dinner Sunday Breakfast	Double Occupancy* \$745.00 <small>If selecting multiple occupancy, please indicate name of roommate # 2 _____.</small>		<input type="checkbox"/>	\$ _____
	Triple Occupancy* \$680.00 <small>If selecting multiple occupancy, please indicate name of roommate # 3 _____.</small>		<input type="checkbox"/>	\$ _____
Meetings: Thursday Presidents Meeting Friday Training (AM & PM) Saturday Training (AM & PM) Sunday Morning AGM	Quad Occupancy* \$634.00 <small>If selecting multiple occupancy, please indicate name of roommate # 4 _____.</small>		<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"/>	205 <input type="checkbox"/>
	Saturday – PM (select one)	201 <input type="checkbox"/>	202 <input type="checkbox"/>	203 <input type="checkbox"/>	204 <input type="checkbox"/>	206 <input type="checkbox"/>
<i>If my course selections are full, my alternate choices would be: _____.</i>						

Day Package (Friday only)			Total	
Meals: Lunch only, or Lunch and Dinner	Friday Package – Lunch Only \$185.00		<input type="checkbox"/>	\$ _____
Meetings: 1 full day workshop	Friday Package – Lunch and Dinner \$220.00		<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"/>
	<i>If my course selection is full, my alternate choice would be: _____.</i>					

Dinner Only (Friday)			Total	
Meals: Dinner Only	Friday Dinner Only (1 guest) \$70.00		<input type="checkbox"/>	\$ _____

Standard Package			Total	
Hotel: Friday and Saturday night accommodations Meals: Friday Dinner Saturday Breakfast, Lunch and Dinner Sunday Breakfast Meetings: Saturday Training (AM & PM) Sunday Morning AGM	Single Occupancy \$735.00	<input type="checkbox"/>	\$	_____
	Double Occupancy* \$580.00 If selecting multiple occupancy, please indicate name of roommate # 2 _____.	<input type="checkbox"/>	\$	_____
	Triple Occupancy* \$560.00 If selecting multiple occupancy, please indicate name of roommate # 3 _____.	<input type="checkbox"/>	\$	_____
	Quad Occupancy* \$540.00 If selecting multiple occupancy, please indicate name of roommate # 4 _____.	<input type="checkbox"/>	\$	_____

Course Selections						
Guest 1	Saturday – AM (select one)	201	202	203	204	205
	Saturday – PM (select one)	201	202	203	204	206
	If my course selections are full, my alternate choices would be: _____.					

Day Package (Saturday only)			Totals	
Meals: Lunch only, or Lunch and Dinner Meetings: Saturday Training (AM & PM)	Saturday Package – Lunch Only \$185.00	<input type="checkbox"/>	\$	_____
	Saturday Package – Lunch and Dinner \$240.00	<input type="checkbox"/>	\$	_____

Course Selections						
Guest 1	Saturday – AM (select one)	201	202	203	204	205
	Saturday – PM (select one)	201	202	203	204	206
	If my course selections are full, my alternate choices would be: _____.					

Dinner Only (Saturday)			Totals	
Meals: Dinner Only	Saturday Dinner Only (1 guest) \$70.00	<input type="checkbox"/>	\$	_____

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

NOTE – There can be no refunds after July 18th, as the facility will not refund FPSO after this date.

However, a registration can be transferred to a different guest.

If choosing multiple occupancy, all packages must be of equal value

	Total	
For FPSO Members taking Standard or Leadership packages, deduct \$50.00		-50.00
For FPSO Members taking day packages, deduct \$20.00		-20.00
Grand Total of All Items		\$ _____

If you are not a member and would like to be, please go to member section of FPSO website fill out membership form and send in along with conference registration to receive membership discounts. 2020 FPSO Membership fee \$30.00 per open home

Hotel accommodation special needs: _____
Dietary special needs: _____

Checks are made payable to:	FPSO Conference 2020		
Please mail registration form and check to:	FPSO Head Office 340 Kingsway Welland ON L3B 3N9		
Please forward any inquiries to:	FPSOconference@fosterparentssociety.org		
Or contact us by phone:	Conference Chairperson	Elaine Pratt	905-439-8625
	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.