

More Than Meets The Eye, May 20 – 22, 2004
 Please use a single form for each adult. Photocopy as required.
 Please print

Personal Information:

CDSS Member ____ Yes ____ No

Name _____
 Address _____

Workshop Selection		
	First Choice	Second Choice
Fri. A	# _____	# _____
Fri. B	# _____	# _____
Sat. C	# _____	# _____
Sat. D	# _____	# _____

Phone Day _____ Fax _____
 Evening _____

Email _____

Special Requirements (i.e. Diet) _____

Childcare (0-5 yrs)

Name _____ Age _____
 Name _____ Age _____

Kids Connect (6-12 yrs)

Name _____ Age _____
 Name _____ Age _____

Teens Connect (13-18 yrs)

Name _____ Age _____
 Name _____ Age _____

Priority will be given to children living more than 150 km from St. John's. Registration for Childcare will not be accepted after May 1/2004.

Space in Kids and Teens program is limited and will be assigned on a first come, first served basis.

Conference Fees: (Nutrition breaks and lunches are included in your registration fee.)

Self-Advocates	\$50		\$ _____
Registration (Up to March 31/04)	\$140 (CDSS Member)	\$200 (Non Member)	\$ _____
Registration (After March 31/04)	\$160 (CDSS Member)	\$225 (Non Member)	\$ _____
One Day Registration (Up to March 31/04)	\$115		\$ _____
One Day Registration (After March 31/04)	\$140		\$ _____
Kids Connecting (6-11 yrs)	\$60 x _____		\$ _____
Teens Connect (12-18 yrs)	\$60 x _____		\$ _____
Childcare (0-5 yrs)	\$60 x _____		\$ _____

CDSS Conference Donations \$25x _____ \$50x _____ \$100x _____ Other \$ _____ \$ _____
 (Tax receipt included with confirmation letter)

Social Events

Thursday Night Welcome Celebration Registrants N/C x _____ Others (Friends/Family) \$25x _____ \$ _____
Friday Night Option _____ No of Adults \$ _____ x _____ No of Children \$ _____ x _____ \$ _____
Saturday Night Banquet and Dance No of Adults \$30 x _____ No of Children (4-12) \$15x _____ \$ _____

Make cheques payable to: CDSS Conference 2004 **Total Amount Due** \$ _____

Payment

Cheque _____ Visa _____ Card Number _____

Cardholder Name _____ Exp Date ____/____

Card holder Signature

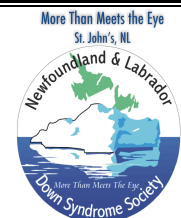
Written notice of cancellation must be postmarked or faxed to Renee Paddock by April 23, 2004 to obtain a refund. A \$40 fee will be deducted. No refunds will be issued after this date.

Registration Inquiries:

Renee Paddock
Phone: (709) 745-4196
Fax: (709) 364-5490
Email: rpaddock@roadrunner.nf.net

Mail to:

More Than Meets The Eye
CDSS Conference 2004
P.O. Box 21054
St. John's, NL A1A 5B2



Canadian Down Syndrome Society
 16th National Conference May 20-22, 2004

For general information: www.webpage.ca/nldss/conference.html