

REGISTRATION FORM
(Complete form and photocopy for your records)

First Name

Last Name

Title/Rank

Organization/Service

Address

City

Province

Postal Code

Phone Number

Ext.

Fax:

Email Address

Check One Below

		RECEIVED BY OCT. 15	RECEIVED AFTER OCT. 15
<input type="checkbox"/>	Certified training (November Main Conference	\$250.00	\$275.00
<input type="checkbox"/>	(November 18& 4 day Combo	\$250.00	\$275.00
<input type="checkbox"/>	(training and	\$425.00	\$450.00

TRAINING INFORMATION PLEASE CHOOSE ONE

ICISF Certified Training - November 16 & 17

<input type="checkbox"/>	ICISF Certified "Individual" Crisis Intervention - Instructor Anita Koczekan
<input type="checkbox"/>	ICISF Certified "Group" Crisis Intervention - Instructor Shawn McCowell
<input type="checkbox"/>	ICISF Certified "Advanced" Group Crisis Intervention - Instructors Glenda Shields and Geoffrey Hancock
<input type="checkbox"/>	

AFTERNOON WORKSHOP REGISTRATION

(please select/circle 1 workshop in each category)

<u>"A" WORKSHOPS</u> 1:00 – 2:30pm
<u>"B" workshops</u> 2:45 – 4:15
<u>"C" workshops</u> 1:00 – 2:30

Wednesday November 18 – First Session

A1 A2 A3 A4

Wednesday November 18 – Second Session

B1 B2 B3 B4

Thursday November 19

C1 C2 C3 C4

Special Events

Monday November 16th

Meet and Greet in the "ire side Lounge" at the Courtyard Marriott

4:30-6:00pm (no registration required)

Tuesday November 17th

911/Emergency Service's night at "Whistling Walrus"

5:00pm-9:00pm (registration required)

yes_____

no_____

Wednesday November 18th

"Magic is in the air"

An exciting evening of food, fun and friendship

Featuring "Themagicman.ca" and more....

6:00pm – 9:00pm (registration required)

yes_____

no_____

****Cash bar****

How do you want your name on the certificate? _____

Contact:

Telephone#:

Ext:

Fax#:

E-mail Address:

Payment Information

____cheque enclosed - Payable to : CISM conference (address below)

____cheque to be forwarded – Approximate date: _____

_____ Charge to _____ visa _____ M/C Amount \$: _____

Card# : _____ Exp Date)mm/yy): _____

Name as it appears on the card: _____

Signature: _____

Three ways to register:

1. **Mail complete registration & Payment to:**

CISM Conference
Attention: Craig Ellis
C/O Hamilton Police Service
155 King William St Box 1060 LCD 1
Hamilton Ontario
L8N 4C1

2. **Fax complete registration to:**

Craig Ellis, CISM conference Treasurer
Hamilton Police Service
Fax # 905-388-7547

3. **E-mail registration to:**

cellis@cismconference.com