

**OADE Conference 2012**  
**Mail-In / Offline Registration Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Agency or School Board Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate your affiliation:    Teacher     Administrator     Educational Assistant

                  Parent/Family Member     Other  \_\_\_\_\_

Are you currently an O.A.D.E. Member?    Yes     No

I require \_\_\_\_\_ additional Presidents Supper Extra Ticket(s) @ \$30.00 each

(Don't forget to check the payment box below under "Conference Payment Information" below)

Do you have any food allergies: \_\_\_\_\_

Please select 3 (three) conference workshop session preferences\* by Workshop ID# (see Conference Workshop Descriptions for ID#'s and Session availability):

**Workshop Session 1 choice** \_\_\_\_\_

**Workshop Session 2 choice** \_\_\_\_\_

**Workshop Session 3 choice** \_\_\_\_\_

\*Workshops will be assigned on a "first come, first served" basis. It is, therefore, important to get your registration in as quickly as possible. In the event that a session is full, you will be contacted by the OADE Conference registrar to confirm an alternate workshop selection.

**President's Dinner:    \_\_\_ I plan to attend OR    \_\_\_ I do not plan to attend**

Conference Payment Information

Conference Fees:    OADE Member \$170.00     Non-Member \$195.00

President's Supper "Guest" Fee:    \$30.00 x \_\_\_\_\_ guests = \$\_\_\_\_\_

Please enclose a cheque payable to "OADE Conference 2012" with your completed registration and mail to:

**OADE Conference 2012 – Attn: Laura Di Gennaro**  
**c/o 3179 Galbraith Drive**  
**Mississauga, ON**  
**L5L 4L7**

Please check off this box if you require a receipt and ensure you have provided complete information above.