



**SUNDAY, MAY 12 – MONDAY, MAY 13
2019**

**St. Lawrence College
Kingston, Ontario**

SPRING CONFERENCE REGISTRATION FORM

COMPLETE AND SEND TO:

FAX:

705.326.1097

MAIL:

OSLC Spring
Headquarters

498 Moon Point Drive
Oro-Medonte, Ontario
L3V 0R8

SCHOOL / GROUP NAME _____

MAILING ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

SCHOOL PHONE _____ EXT. _____ FAX _____

ADVISOR NAME _____ POSITION/TITLE _____

ADVISOR eMAIL ADDRESS (REQUIRED) _____ CELL # (in case of emergency only, will be kept confidential) _____

REGISTRATION will NOT be processed until both REGISTRATION FORM and FULL PAYMENT are received at EOSLC HEADQUARTERS

EARLY BIRD	REGULAR
Fee must be received by midnight FEBRUARY 8, 2019	Fee must be received by midnight MAY 3, 2019
<p>ADVISORS:</p> <p># _____ attending @ \$159.00 per person = \$ _____</p> <p>STUDENTS:</p> <p># _____ attending @ \$159.00 per person = \$ _____</p>	<p>ADVISORS:</p> <p># _____ attending @ \$166.00 per person = \$ _____</p> <p>STUDENTS:</p> <p># _____ attending @ \$166.00 per person = \$ _____</p>
<p>* SINGLE ROOM ACCOMMODATIONS: # _____ rooms @ \$32.50 per room = \$ _____</p>	

Above fees include ALL ACCESS Conference entry for the full two days, accommodations and meals. Participants are responsible for their own travel and all other additional expenses.


ACCOMMODATIONS: Each room has two single beds and a bathroom that is shared. If you require a single room it will be an additional \$32.50*


How did you hear about us?

- website
- facebook
- YLCC retreat
- Speaker (Canadian Youth Speakers Bureau)
- Other _____
- direct mailing
- from another school
- attended last year

PAYMENT OPTIONS

Cheque (made payable to "YLCC c/o EOSLC") *NO POST DATED CHEQUES - \$30.00 administration fee will be charged on all NSF cheques*



 Card # _____ 3 digit CCV number on back of card

Expiry Date _____

SUMMARY OF PAYMENT SUBMITTED	
Advisor Total	\$ _____
Student Total	\$ _____
Single Room Total	\$ _____
Sub Total:	\$ _____
HST 13%: (#85023 2471 RT0001)	\$ _____
TOTAL PAYMENT:	\$ _____

For information,
please contact:

OSLC SPRING

Office: 705.326.2433

Email: erin@ylcc.com

www.eoslc.ca

Credit Card Holder Name _____ Signature _____