



Please type or print in **BLOCK LETTERS** or REGISTER ON-LINE at [www.familyfocusconference.com](http://www.familyfocusconference.com)

PLEASE FAX COMPLETED FORM AND PAYMENT INFORMATION TO +1-604-984-6434 OR MAIL TO  
 BCACL10 C/O SEA TO SKY MEETING MANAGEMENT INC.,  
 SUITE 206, 201 BEWICKE AVENUE, NORTH VANCOUVER, BC V7M 3M7

|   |                                 |              |
|---|---------------------------------|--------------|
| <b>SECTION A - PERSONAL DETAILS</b> (Personal information will only be used for the purposes of processing your registration) |                                 |              |
| Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.                                | First Name:                     | Last Name:   |
| Organization:   |                                 |              |
| Mailing Address:  |                                 |              |
| City:   | Province/State:                 | Postal Code: |
| Telephone:  | Fax:                            | Country:     |
| Email:  |                                 |              |
| Emergency Contact:  | Emergency Contact Phone Number: |              |

|  |   |  |  |
|--|---|--|--|
| <b>SECTION B – REGISTRATION (see Registration categories definition below)</b>   |   |  |  |
| <b>Early Bird Rates (in effect until midnight September 10, 2010)</b>  |   |  |  |
| <b>Full Conference Registration</b>  |   |  |  |
| Professional <input type="checkbox"/> \$350  | Self Advocate/ Youth <input type="checkbox"/> \$150   | Family Member <input type="checkbox"/> \$150 |  |
| <b>One Day Registration <input type="checkbox"/> Friday 22 OR <input type="checkbox"/> Saturday 23 OR <input type="checkbox"/> Sunday 24</b> |   |  |  |
| Professional <input type="checkbox"/> \$200  | Self Advocate/ Youth <input type="checkbox"/> \$100   | Family Member <input type="checkbox"/> \$100 |  |
| <b>Regular Rates (in effect as of September 11, 2010)</b>  |   |  |  |
| <b>Full Conference Registration</b>  |   |  |  |
| Professional <input type="checkbox"/> \$375  | Self Advocate/ Youth <input type="checkbox"/> \$175   | Family Member <input type="checkbox"/> \$175 |  |
| <b>One Day Registration <input type="checkbox"/> Friday 22 OR <input type="checkbox"/> Saturday 23 OR <input type="checkbox"/> Sunday 24</b> |   |  |  |
| Professional <input type="checkbox"/> \$215  | Self Advocate/ Youth <input type="checkbox"/> \$115   | Family Member <input type="checkbox"/> \$115 |  |
| <b>Personal Care Attendant Registration</b>  |   |  |  |
| <b>Full Conference</b> <input type="checkbox"/> No Charge  | <b>One Day</b> <input type="checkbox"/> Friday 22 OR <input type="checkbox"/> Saturday 23 OR <input type="checkbox"/> Sunday 24 | <input type="checkbox"/> No Charge           |  |

Registration categories are defined as follows:

- Self-Advocate is anyone that has a developmental or physical disability.
- Youth is anyone under the age of 18 years.
- Family is anyone that has or supports a child with a disability.
- Personal Care Attendant is anyone accompanying a Self-Advocate and must attend the same sessions as the person they are supporting.

**SECTION C – SOCIAL EVENTS**

Please indicate below if you will be attending the Social Events included in your registration fees. Please note that One Day Registration only includes the Social Event(s) on the registered day, the Personal Care Attendants registration does not include the attendance at any Social Events. Guest tickets can be purchased below.

Participation at the Saturday Evening Dinner and Dance is optional and pre purchased tickets are required.

| Event  | I will attend            | I will not attend        |
|--|--------------------------|--------------------------|
| Lunch, Friday, October 22 <sup>nd</sup> (included)   | <input type="checkbox"/> | <input type="checkbox"/> |
| President`s Reception, Friday, October 22 <sup>nd</sup> (included)                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Lunch, Saturday, October 23 <sup>rd</sup> (included)   | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Session Breakfast, Sunday, October 24 <sup>th</sup> (included)                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Guest Tickets & Saturday Evening Dinner and Dance Tickets  | # of tickets             | Price per person         |
| Lunch, Friday, October 22 <sup>nd</sup>  |                          | \$30                     |
| President`s Reception, Friday, October 22 <sup>nd</sup> – indicate if you are planning to bring guest(s) |                          | No Charge                |
| Lunch, Saturday, October 23 <sup>rd</sup>  |                          | \$30                     |
| Family Session Breakfast, Sunday, October 24 <sup>th</sup>   |                          | \$20                     |
| Dinner and Dance, Saturday, October 23 <sup>rd</sup>   |                          | \$60                     |
| Dinner and Dance, Saturday, October 23 <sup>rd</sup> – Child/Youth (under 12)                            |                          | \$30                     |

**SECTION D – CONCURRENT SESSION SELECTION**

Please **WRITE THE TITLE OF YOUR 1st AND 2nd CHOICES** for each concurrent session. Please refer to the conference program for titles and session details. Personal Care Attendants must attend all the same sessions as the person they are supporting.

Please note the duration of the session you are selecting. In some cases you will find that there are sessions that run for 1 hour and 30 minutes and some that run for 3 hours. If you select a session which continues at another time, please ensure that you do not select another session that conflicts with the time the original session continues.

NOTE: If your first choice session is not available you will be placed in your next available session selection.

**Friday, October 22, 2010 Sessions**

|                  |                   |                   |
|------------------|-------------------|-------------------|
| 10:30am-12:00pm: | 1 <sup>st</sup> - | 2 <sup>nd</sup> - |
| 1:30pm-2:45pm:   | 1 <sup>st</sup> - | 2 <sup>nd</sup> - |
| 3:15pm-4:30pm:   | 1 <sup>st</sup> - | 2 <sup>nd</sup> - |

**Saturday, October 23, 2010 Sessions**

|                  |                   |                   |
|------------------|-------------------|-------------------|
| 9:00am-10:15am:  | 1 <sup>st</sup> - | 2 <sup>nd</sup> - |
| 10:30am-12:00pm: | 1 <sup>st</sup> - | 2 <sup>nd</sup> - |
| 1:30pm-3:00pm:   | 1 <sup>st</sup> - | 2 <sup>nd</sup> - |

**SECTION E – PLANNING YOUR PARTICIPATION**

Please complete the following section to better assist us in planning your participation at the Conference.

If you are attending the Conference with your Personal Care Attendant, please provide their full name below.

NOTE: Attendants pay for meals and additional social functions only and must **pre-register**. Personal Care Attendants must attend all the same sessions as the person they are supporting

No, I do not require a Personal Care Attendant  Yes, a Personal Care Attendant will be accompanying me

Personal Care Attendant's Name: \_\_\_\_\_

If you have any special requirements that we should know about in advance, please describe them below.

No, I do not have any special requirements  Yes, I do have special requirements

Special Requirements: \_\_\_\_\_

Please specify dietary requirements:

None  Vegetarian  Vegetarian (seafood and poultry okay)  Vegan (no dairy, no seafood, no eggs)

Gluten Free  Other dietary requirements (please specify): \_\_\_\_\_

**SECTION F – CHILD CARE / YOUTH PROGRAM**

If you are attending the Conference with your child, children or youth and would like to participate in the Child Care/Youth Program, please provide their full name(s) and register him/her/them below.

NOTE: In addition to this registration, you must complete the Child Care/Youth Program registration form. You can download Child Care/Youth Program information and this form at [www.familyfocusconference.com](http://www.familyfocusconference.com)

Child(ren)/ Youth name(s): \_\_\_\_\_

| Child Care Program               | # of Children | Price per person | Youth Program                        | # of Children | Price per person |
|----------------------------------|---------------|------------------|--------------------------------------|---------------|------------------|
| Child Care Friday (0-12 years)   |               | \$25             | Youth Program Friday (12-16 years)   |               | \$25             |
| Child Care Saturday (0-12 years) |               |                  | Youth Program Saturday (12-16 years) |               |                  |

**SECTION G – METHOD OF PAYMENT**

MasterCard  Visa  Cheque – Payable to “BCACL c/o Sea to Sky Meeting Management Inc.”

Credit Card # \_\_\_\_\_ Expiry: Month \_\_\_\_\_ Year \_\_\_\_\_ Three Digit CVV: \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

NOTE: If paying by credit card, “Sea to Sky Meeting Management Inc.” will appear as the vendor on your credit card

**SECTION H – CANCELLATION/REFUND POLICY**

Refunds will be available until Friday, September 10, 2010 and will be subject to a cancellation administration fee of \$50 per person. After this date no refunds will be permitted, however participant substitutions can be made until Wednesday, October 13, 2010. All cancellations or substitutions must be submitted in writing to Sea to Sky Meeting Management at [bcacl@seatoskymeetings.com](mailto:bcacl@seatoskymeetings.com).