



REGISTRATION FORM

Conference Date:

Saturday, October 5th, 2013

Registration deadline: August 23rd, 2013

*Please use one form per person registering

Your Information:

Name: _____

Address: _____

Phone: _____

E-mail: _____

Fax (if preferred): _____

Primary Supporter's Information:

Supporter's Name: _____

Contact Information: _____

AAC User Communication Information:

- I use a communication book /board
 I use a Voice Output Communication device

Name of device: _____

ISAAC member/Non ISAAC member

- AAC user \$25.00/\$35.00
 Supporter of AAC user (free)
 Additional Family Member / Additional Supporter \$25.00/\$35.00
 Observing Professional \$35.00/\$45.00
 Registration at the door \$50.00
 No pre conference materials available for walk ins.
 - Registration fee covers morning refreshment, facility expenses and HST

AAC User Mobility Information:

I use a mobility aid:

- Power Wheelchair Manual Wheelchair
 Walker Other: _____

Privacy Note: A professional photographer will be present to record this event; please complete this form.

I give ICEWEST conference committee members permission to use my photos or video recording for AAC linked informational brochures and education.

- YES NO

Signed by: _____

On behalf of: _____

Payment Information:

Please send a copy of this registration form with your payment by **August 23rd, 2013** to:

March of Dimes Canada
 1401 West Broadway, 7th Floor
 Vancouver, BC V6H 1H6

Amount: \$ _____ Cheque

Visa MasterCard AMEX

Card #: _____

Name on card: _____

Expiration Date: _____

Signature: _____