



2018 CACOLE Conference Registration Form

CIVILIAN OVERSIGHT – THE ROAD FORWARD

MAY 27 - MAY 30, 2018

Conference Hotel Location:

Fairmont Winnipeg
2 Lombard Place, Winnipeg, Manitoba
Tel: 204-957-1350 Fax: 204-956-1791

Hotel Reservations

Telephone: 1-800-441-1414

[Click here to book hotel room using the 2018 CACOLE Conference group rate](#)

**Use CACOLE booking code CA00518 to qualify for the conference rate of \$189.00 per night.
Rates do not include taxes or 3% marketing fee.**

<input type="checkbox"/> Member	\$875	(+HST \$113.75)	\$988.75
<input type="checkbox"/> Non Member	\$925	(+HST \$120.25)	\$1045.25
<input type="checkbox"/> Student	\$275	(+HST \$35.75)	\$313.60

Please e-mail completed registration form to:
cacole.executivedirector@gmail.com

AND

mail a copy of the form with payment to:

CACOLE CONFERENCE 2018
CACOLE Executive Director
c/o Roberta Ross
655 Bay Street, 10th floor
Toronto, Ontario, M7A 2T4
Telephone: 1-416-327-8304

Delegate fees include breakfast, lunch and nutrition breaks for the duration of the 2.5 day program and the Board of Directors' Delegate Dinner.

We regret that we do NOT accept credit cards. Please send your payments in **Canadian** funds made payable to **CACOLE**.

Cheque **Money Order**

CACOLE will also accept payment by Direct Deposit. Submit application for Direct Deposit to the executive director for completion.

Do you require an invoice?

Yes **No**

CACOLE GST Registration #: 871966180RT

CANCELLATION POLICY:

**Refunds permitted if written request is received prior to April 20th, 2018,
A \$50 administration fee will be deducted from the refund.**



2018 CACOLE Conference Registration Form

CIVILIAN OVERSIGHT – THE ROAD FORWARD
MAY 27 - MAY 30, 2018

Attendee Information

Name of Delegate	
Position Title:	Agency/Organization:
Mailing Address:	
Telephone:	Fax:
Email:	Organization web site:
Administrative contact name, telephone number and email:	

Do you require interpretation services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any dietary restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify: _____		
Will you be attending the Board of Directors' Delegate Dinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delegates may bring a guest to the Board of Directors' Dinner for an additional charge of \$75.00.		
Will you be accompanied by a guest to the Directors/Delegates Dinner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Guest: _____		
Does your guest have any dietary restrictions? Please specify: _____		