



## 2019 CACOLE Conference Registration Form

**CIVILIAN OVERSIGHT – EXPERIENCE, CHALLENGES & OPPORTUNITIES**  
**MAY 26 - MAY 29, 2019**

### Conference Hotel Location:

Chelsea Hotel Toronto  
33 Gerrard Street East, Toronto, Ontario  
Tel: 416-595-1975 Fax: 416-595-4375

### Hotel Reservations

Telephone: 1-800-243-5732

[Click here to book hotel room using the 2019 CACOLE Conference group rate](#)

**Use CACOLE booking code CAC052619 to qualify for the conference rate of \$180.00 per night. Rates do not include taxes or 3% marketing fee.**

- |  |       |                 |           |
|--|-------|-----------------|-----------|
| <input type="checkbox"/> <b>Member</b>     | \$875 | (+HST \$113.75) | \$988.75  |
| <input type="checkbox"/> <b>Non Member</b> | \$925 | (+HST \$120.25) | \$1045.25 |
| <input type="checkbox"/> <b>Student</b>    | \$275 | (+HST \$35.75)  | \$310.75  |

**Delegate fees include breakfast, lunch and nutrition breaks for the duration of the conference 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**

Please email [cacoleexecutivedirector@gmail.com](mailto:cacoleexecutivedirector@gmail.com) for details.

**Please e-mail completed registration form to:**  
[\*\*cacoleexecutivedirector@gmail.com\*\*](mailto:cacoleexecutivedirector@gmail.com)

**AND**

**mail a copy of the form with payment to:**

CACOLE CONFERENCE 2019  
CACOLE Executive Director  
c/o Roberta Ross  
655 Bay Street, 10th floor  
Toronto, Ontario, M7A 2T4  
Telephone: 1-416-327-8304

**Do you require an invoice?**

**Yes**  **No**

CACOLE GST Registration #: 871966180RT

### CANCELLATION POLICY:

**Refunds permitted if written request is received before April 18th, 2019.**

**A \$50 administration fee will be deducted from the refund.**



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### Attendee Information

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

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
<b>Delegates may bring a guest to the Board of Directors' Dinner for an additional charge of \$75.00.</b>		
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: _____		