



Registration Form

**Canadian HIV/AIDS Legal Network
Canadian Working Group on HIV and Rehabilitation
Interagency Coalition on AIDS and Development
2008 AGM and Workshop & Consultation**

***June 16–17, 2008
Delta Ottawa Hotel and Suites
361 Queen Street
Ottawa, Ontario***

Return by May 28, 2008 to:

CWGHR, ICAD & Legal Network AGM
1240 Bay Street, Suite 600
Toronto, ON M5R 2A7
Fax: +1 416 595-0094 E-mail: aga-agm@aidslaw.ca
or register on-line at: www.aidslaw.ca/agm

APPLICANT INFORMATION		
TITLE		
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other <input type="checkbox"/>		
FIRST NAME	SURNAME	
ORGANIZATION (if any)	PROFESSIONAL TITLE (if any)	
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
()		()
DAYTIME TELEPHONE NUMBER (include area code)		FAX NUMBER (include area code)
E-MAIL ADDRESS		

REGISTRATION FEE: \$40.00

We would appreciate receiving payment in advance.

I wish to make an additional donation to:

- CWGHR for the amount of: _____
- ICAD for the amount of: _____
- Legal Network for the amount of: _____

Please note that a tax receipt will be issued for donations only.

Please choose one of the following payment methods:

- Cheque payable to Canadian HIV/AIDS Legal Network is enclosed. *(Cheques for CWGHR, ICAD and Legal Network members should be made payable to the Canadian HIV/AIDS Legal Network.)*
- I will request a waiver of the registration fee and will complete the enclosed Travel Subsidy Application form and return it to the AGM Travel Subsidy Committee by March 14th, 2008.
- VISA card

Name of card holder: _____

VISA card number: _____ Expiry date: _____

Signature of Card holder: _____

TOTAL AMOUNT PAID: _____

MEMBERSHIP

I am a member of: CWGHR ICAD the Legal Network

I would like to become a member of: CWGHR ICAD the Legal Network

AGM EVENTS

*Simultaneous French/English interpretation will be provided for all events and workshops.
Sign interpretation will be made available on an as-needed basis.*

Day 1: Monday, June 16th 2008

- I will not attend.

I will attend the following event(s) — please indicate your preference by checking the appropriate box(es):

- Welcome and orientation — 8:50 a.m.–9:00 a.m.
- ICAD AGM — 9:00 a.m.–11:00 a.m.
- CWGHR AGM — 11:15 a.m.–1:00 p.m.
- Luncheon – 1:00 p.m. – 2:00 p.m.

- Legal Network AGM – 2:00 p.m. – 5:00 p.m.
- Wine and cheese reception — 5:30 p.m.–7:30 p.m.

Day 2: Tuesday, June 17th 2008

Workshop & Consultation: 9:00 a.m. – 3:00 p.m.

- I will attend.
- I will not attend.

PREFERRED LANGUAGE

I would like to receive my delegate kit in: English French

SPECIAL NEEDS

- Wheelchair access
- Food sensitivities (*please specify*) _____
- ASL interpretation
- LSQ interpretation
- Refrigeration
- Sharps Disposal
- Other (*please specify*) _____

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