



## 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](mailto:aga-agm@aidslaw.ca)  
or register on-line at: [www.aidslaw.ca/agm](http://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 14<sup>th</sup>, 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 16<sup>th</sup> 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 17<sup>th</sup> 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*) \_\_\_\_\_

**Please return completed form by May 28, 2008 to:**

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