

INDIVIDUAL REGISTRATION FORM

Click for directions to Grand Baccus
Banquet Hall & Conference Centre
<http://maps.google.ca/>.

DATE: _____

Thank you! By registering for this event, you are helping us improve and transform the holistic health and wellness needs of the communities of Scarborough.

CONTACT INFORMATION (MAIN CONTACT)

Mr. Mrs. Ms. Dr. Rev. Other _____

First Name: _____ Last Name: _____

Address: _____

Postal Code: _____ Email Address: _____

Home Telephone: _____ Business \ Cell Telephone: _____

Dietary Restrictions (if applicable): _____

How did you hear about this event:

- Email Word of Mouth Poster
 Social Media SCHC Website Other _____

PAYMENT DETAILS

CHEQUE enclosed for \$225 (made payable to Scarborough Centre for Healthy Communities)

CREDIT CARD – VISA AND MASTERCARD **ONLY**

BILLING INFORMATION (VISA OR MASTERCARD)

Please enter your payment details below.

Name (as it appears on credit card): _____

VISA MASTERCARD

Credit Card Number: _____

Expiration Date (Month/Year): ____ / ____ CV Code: _____

Address: _____ Apt/Suite: _____

City: _____ Province: _____ Postal Code: _____

I hereby certify that I am the above credit card owner and authorize Scarborough Centre for Healthy Communities to debit my credit card for the amount of: \$ _____

Cardholder's Signature: _____ Date: _____

RECEIPT DETAILS (ISSUED TO CORPORATION SPONSORING ATTENDEES)

Same as above.

Mr. Mrs. Ms. Dr. Rev. Other _____

First Name: _____ Last Name: _____

Address: _____ Apt/Suite: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Business \ Cell Telephone: _____

E-mail: _____

For more details about this event, please visit our website at www.schcontario.ca/support-us/day-of-hope-and-leadership-october-2013 or to complete this registration online. Please return this completed form (scan or in person) to us at 629 Markham Road, Unit 2, Scarborough, ON M1H 2A4

Attn: Communications Assistant

Tel: 416-847-4170 – Fax: 416-724-5205

Email: communications@schcontario.ca

Charitable Business No. 130364276RR0001

Unless otherwise requested, all donors will be recognized across communication vehicles and collateral (website, newsletters and annual reports, etc.). As well, as a donor you will be added to our SCHC invitation list and receive special program reports so that you can see the many ways your donation dollars are transforming lives.

Scarborough Centre for Healthy Communities complies with Provincial and Federal privacy legislation, and strongly believes in protecting the confidentiality of the information provided on this form.

Please do not include me in these lists or contact us at 416-847-4174 to cancel.

Please contact Canada Helps at www.schcontario.ca/support-us/connect-and-contribute for monthly pledge amounts starting as little as \$25.00 if you are not able to participate in this event OR for ongoing support of SCHC.

For Office Use Only:

Date Registration Received: _____ By: _____

Dietary Restrictions: _____