



INTERNATIONAL CONFERENCE ON DEVELOPMENTAL DISABILITIES

DEDICATED TO EXPLORING LEADING EDGE PRACTICES

NOVEMBER 7 TO NOVEMBER 9, 1999
SHERATON CENTRE, TORONTO, CANADA



REGISTRATION

CONFERENCE REGISTRATION FEE *

\$275 per person, + 7% GST (\$294.25)
if reserved prior to October 1st 1999

OR

\$300 per person, + 7% GST (\$321.00) after October 1st.

Full Time Students: \$185 per Student + GST (\$197.95)

if reserved prior to October 1st OR

\$200 per Student + GST (\$214) after October 1st.

Please Note: Students must enclose a photocopy of their student card.

**All amounts quoted are in Canadian funds. (Equivalent: \$0.67 US at time of printing)*

Above price includes:

Sun. Nov. 7. Tour of some Reena group homes and Cocktail Reception at the Toby & Henry Battle Developmental Centre

Mon. Nov. 8 Luncheon and Dinner

Tues. Nov. 9 Luncheon

(Dietary laws observed under the supervision of COR)

Mail your registration form together with cheque or VISA/ MC

to: Reena, The Toby & Henry Battle Developmental Centre,
927 Clark Avenue West, Thornhill, ON L4J 8G6

HOTEL

The Conference takes place at the:
SHERATON CENTRE TORONTO HOTEL
123 Queen Street West
Toronto, ON M5H 2M9

To make your hotel reservation, please call the Sheraton Centre toll free # 1-800-325-3535 until October 8, 1999. After that date call 416-361-1000 and refer to Reena's International Conference on Developmental Disabilities to obtain the special group rate.

PLEASE CONTACT US AT:

Toll free phone: 1-877-324-4114
Phone: 905-763-8254, Ext. 3024
Fax: 905-889-3827
e-mail: mross@reena.org
Web site: www.reena.org
Mailing address: Reena
927 Clark Avenue West
Thornhill, ON L4J 8G6
For further information please call Conference Coordinator,
MINNIE ROSS,

NAME & TITLE _____

ORGANIZATION _____

ADDRESS _____

TEL: () _____

FAX: () _____

E-MAIL _____

CHEQUE ENCLOSED, in the amount of \$ _____

Photocopy of Student Card ENCLOSED ()

VISA or MASTER CARD # _____ EXPIRY _____ / _____ / _____

Signature _____

Please check your 1st **and** 2nd choice of each of the following Concurrent Sessions.

	Mon. Nov. 8, 10:00 am. - 12:00 noon		Mon. Nov. 8, 2:00 p.m. - 4:00 p.m.		Tues. Nov. 9, 10:00 am. - 12:00 noon	
	1st choice	2nd choice	1st choice	2nd choice	1st choice	2nd choice
Education	()	()	()	()	()	()
Faith	()	()	()	()	()	()
Legal	()	()	()	()	()	()
Medical	()	()	()	()	()	()
Quality of Life	()	()	()	()	()	()

Round Table Discussions: Please indicate your 1st **and** 2nd choice of the following:

	1st choice	2nd choice
Not in My Backyard	()	()
When Public Funds are Insufficient	()	()
Getting There (Transportation Issues)	()	()
Corporate Responsibility	()	()
Engaging the Religious Communities	()	()

NOTE: While space in each session is limited, every effort will be made to accommodate your 1st choice.

Please indicate your attendance at the following, which are included in the registration fee.

(There will be no reduction for meals not attended)

		Yes	No
Sun. Nov. 7	Tour of Reena homes	_____	_____
Sun. Nov. 7	Cocktail Reception	_____	_____
Mon. Nov. 8	Luncheon	_____	_____
	Dinner	_____	_____
Tues. Nov. 9	Luncheon	_____	_____