

National Learning Summit on Middle Childhood **Registration Form**

General Information

Name: _____

Title: _____ Organization: _____

Address: _____ City: _____ Province: _____ PC: _____

Telephone: _____ Fax: _____ E-mail: _____

Note: We intend to use your contact information for future mailing on the Learning Summit and to publish a participants list. If you **do not** want your name included, please check here .

Sunday Welcome Events

Will you be attending the "Kids Speak Out" Forum? _____ (Yes/No). See Insert for additional information.

Will you be attending the "Parents Talk Back" Forum? _____ (Yes/No). See Insert for additional information.

Will you be attending the Welcome Reception? _____ (Yes/No)

Breakout Session Selection (Refer to the At-A-Glance Program)

In addition to plenary sessions for all Learning Summit participants, four rounds of concurrent breakout sessions will be offered with six choices in each round, providing you the opportunity to participate in 4 out of 24 available sessions. Please indicate which session you would like to attend (based on a first-come, first-serve basis) by placing the session # under your first choice and second choice for each round.

Round 1		Round 2		Round 3		Round 4	
1 st choice	2 nd choice	1 st choice	2 nd choice	1 st choice	2 nd choice	1 st choice	2 nd choice
Example: 3	1	7	9	14	11	23	21

Networking Opportunity on Specific Topics – Monday, April 23 (4:00 pm – 5:00 pm)

A networking opportunity will be provided to participants who wish to get together to discuss specific topics or raise questions that they would like answered. What topics would you like to see offered or what question would you like answered?

A final listing of topics/questions that will be offered will be posted on the Bulletin Board at the Learning Summit.

Meals and Monday Dinner

Will you be attending the Monday dinner? _____ (Yes/No), and will you be bringing a guest? _____ (Yes/No) (If yes, cost is \$60).

Dietary requirements? _____ Other special needs? _____

Payment

The registration fee is \$425 per person (or \$395 for NACY members and affiliates). If you are planning to bring a guest to the Monday evening dinner, please include an additional \$60. **Note:** Should you need to cancel your registration a \$100 administration fee will apply prior to Friday, April 13, 2007. No refunds can be made after that point, but you may transfer your registration to another individual.

By cheque: Forward your completed registration form and cheque payable to **Imagine Canada** to the **National Alliance for Children and Youth, 707-331 Cooper Street, Ottawa, Ontario, K2P 0G5.**

By credit card: _____ Visa _____ MasterCard _____ AMEX

Cardholder Name: _____

Credit Card Number: _____ Expiry Date: _____

Fax to NACY at (613) 237-8515 or call us if you have any questions at (613) 560-5843 Ext. 230.

Note: The Canadian Centre of Philanthropy, operating as "Imagine Canada", acts as the fiscal agent for the National Alliance for Children and Youth and the Middle Childhood Initiative.