

# 2014 Gymnastics Ontario Annual Conference

## Gymnastics Ontario 2014 A.G.M Conference Registration

NAME:		Position:	
Club / Organization:			
Address:			
City:	Province:	Postal Code:	
Phone:	Fax:	Email:	
Do you have any Dietary Restrictions or Special Needs?		YES	NO
<i>If Yes, please specify:</i>			
Is this your first time at a Gymnastics Ontario Annual Meeting?		YES	NO
I will be sharing my room with _____			

**AGM CONFERENCE PACKAGE OPTIONS - BLOCK BOOKING GUARANTEED UNTIL  
FRIDAY, OCTOBER 3, 2014. ROOM AVAILABILITY AND RATE NOT GUARANTEED AFTER THAT.**

### FULL CONFERENCE PACKAGE

Includes Hotel Accommodation, Parking, Scheduled Meals, Awards Banquet, Conference Sessions, all gratuities and taxes.  <b>Prices are Per Person.</b>  Expense Claim Forms will be available at the AGM to reimburse Club Delegates with the hotel & travel subsidy.	SATURDAY NIGHT Hotel	EXTRA HOTEL (ROOM ONLY) PER NIGHT	<b>TOTAL DUE</b>
	<b>1 Person Per Room</b>	<b>\$200.00 + HST</b>	<b>\$ 120.00 + HST</b>
	<b>2 People Per Room - Fee is Per Person</b>	<b>\$160.00 + HST</b>	<b>\$ 60.00 + HST</b>

### AWARDS BANQUET

*ALL DELEGATES - Please indicate below as required—REGISTER YOUR CAR AT FRONT DESK UPON ARRIVAL*

As part of my Weekend Package, I <b>WILL BE ATTENDING</b> the Awards Banquet:	<b>YES</b>	<b>NO</b>	
I would like to purchase _____ <b>EXTRA Banquet Tickets</b> at <b>\$50.00</b> + HST for: <i>(please list names)</i>			\$
			\$
HST # 12212 5131 RT0001			

#### PAYMENT:

<input type="checkbox"/> Cheque Enclosed (payable to Gymnastics Ontario)
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Card #
Expiry                      3 digit CVC #
Cardholder Name

#### **Send Completed Registration Form to:**

Gymnastics Ontario  
3 Concorde Gate, Suite 214  
Toronto, ON M3C 3N7  
Tel: 416-426-7097    Fax: 416-426-7377  
Email: [operations@gymnasticsontario.ca](mailto:operations@gymnasticsontario.ca)