



Conference Registration Form

Full Name: _____

Organization: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Email (required): _____

CYC Membership: _____ (please indicate province/state/region)
 (Important: verification required - copy of card/certificate attached or present at registration)

CONFERENCE REGISTRATION FEES

PLEASE CIRCLE APPROPRIATE REGISTRATION FEE:

	Members	Non-Members
Presenter (two per workshop session, early registration)	\$ 275.00	\$ 275.00
Presenter (after early registration date)	\$ 375.00	\$ 375.00
Early Registration (by August 31, 2014)	\$ 300.00	\$ 375.00
Full-time Students (early registration)	\$ 300.00	\$ 350.00
Registration (after August 31, 2014)	\$ 400.00	\$ 450.00
Group Rate (early registration only & from same organization)		
5 – 9 submitted at same time	\$ 275.00 each	
10 or more submitted at same time	\$ 250.00 each	
Full-time Students (after early registration date)	\$ 350.00	\$ 350.00
Group Rate (from same organization)		
5 – 9 submitted at same time	\$ 325.00 each	
10 or more submitted at same time	\$ 300.00 each	
Single Day Registration	\$ 200.00	\$ 200.00
Educators Day Tuesday	\$ 75.00	
Banquet Thursday Evening	\$ 45.00	

CYC Certification Exam (**pre-registration is required**) \$135*

*Note: The certification exam will take place on Wednesday October 8, 2014 from 6-9 pm.

Total registration due _____ \$

Will you be attending the Conference Opening Reception on Tuesday?

Yes _____ No _____

PAYMENT METHOD

Please check appropriate box: ___ Check ___ Money Order ___ Cash ___ Credit Card (**to pay by credit card, additional fee will apply, follow this link <http://tidesofchange2014.eventzilla.net>**)

Check or Money Order payable to: **CYCANB**.

Mail Check or Money Order along with a copy of this form to: **Tides of Change, Box 26008, 281 St. George Street, Moncton, NB, E1E 4H9.**

Registration confirmation/receipt and further information will be emailed.