

SENSORY STRATEGIES To Work For PEOPLE With Developmental Disabilities

with **KIM BARTHEL** Occupational Therapist

WEDNESDAY APRIL 11, 2012

REGISTRATION FORM

INDIVIDUAL NAME

ORGANIZATION

BLOCK BOOKINGS

Mailing Address (PLEASE PRINT):

Street: _____

Unit #: _____

City: _____

Postal Code: _____

Telephone: ____ - ____ - _____

Fax: ____ - ____ - _____

E-mail: _____

NAME – LAST NAME IN BLOCK LETTERS

NAME

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NAME

COST \$60.00 (lunch included)

PAYMENT By mail or drop off
Cheque or cash only
Cheque payable to Garth Homer Society

Garth Homer Society
813 Darwin Ave.
Victoria, B.C. V8X 2X7

Phone: 250.475.2270 | Fax: 250.475.2279

RECEIPTS & REFUNDS

Receipts for registrations received by mail, e-mail or fax will be made available during registration on **April 11th**. Sorry **NO REFUNDS** after **April 4th**.

BLOCK BOOKING

Agencies may block book, however the names of registrants must be forwarded no later than **April 4th**. Spaces that do not have a specific name attached will not be held past this date.

For office use only:

Date: _____, 2012

Cheque #: _____

Receipt #: _____