

## WORKSHOP REGISTRATION

### Planning for Accessibility

September 13, 2018

1:00 PM

Windmill Line Co-op

*CoAction Member Registration Fee: \$100.00*

*Non-Member Registration Fee: \$150.00*

*Please make additional copies of page 2 to register additional staff from the co-op.*

*\* Required*

### CO-OP INFORMATION

\* Name of Co-op: \_\_\_\_\_

\* Co-op email: \_\_\_\_\_

### REGISTRATION 1

\* Name of Registrant: \_\_\_\_\_

\* Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\* CoAction member: Yes \_\_\_\_\_ No \_\_\_\_\_

Special Needs (Dietary or Accessibility): \_\_\_\_\_

\_\_\_\_\_

### PRIVACY POLICY

By providing an email address and/or phone number you consent to receiving communications from CoAction Staff Association. You may withdraw this consent at any time. If no phone number or email is provided, CoAction will use your co-op's publicly accessible contact information for future communications. CoAction Staff Association does not share contact information.

## REGISTRATION 2

\* Name of Registrant: \_\_\_\_\_

\* Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\* CoAction member: Yes \_\_\_\_\_ No \_\_\_\_\_

Special Needs (Dietary or Accessibility): \_\_\_\_\_

\_\_\_\_\_

## REGISTRATION 3

\* Name of Registrant: \_\_\_\_\_

\* Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

\* CoAction member: Yes \_\_\_\_\_ No \_\_\_\_\_

Special Needs (Dietary or Accessibility): \_\_\_\_\_

\_\_\_\_\_

## SUMMARY AND PAYMENT

Number of CoAction Member Registrations: \_\_\_\_\_ X \$100.00 = \_\_\_\_\_

Number of Non-Member Registrations: \_\_\_\_\_ X \$150.00 = \_\_\_\_\_

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TOTAL \_\_\_\_\_

Cheque enclosed \_\_\_\_\_

Please invoice the co-op at the email address above \_\_\_\_\_

Signature of person submitting the registration(s): \_\_\_\_\_

Send the completed registration form to:

CoAction Staff Association  
PO Box 52, 260 Adelaide Street E.  
Toronto, ON, M5A 1N1

CoactionSA@gmail.com

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