



16TH BIENNIAL CONFERENCE

CANADIAN HISTORY OF EDUCATION ASSOCIATION / L'ASSOCIATION CANADIENNE D'HISTOIRE DE L'EDUCATION
Registration Form

Office of Research and Field Development
York University, Faculty of Education
023 Winters College | 4700 Keele Street | Toronto, ON M3J 1P3
Email: cheaconference2010@edu.yorku.ca Website: <http://ache-cha.ca/>
TEL: (416) 736-5003 | FAX: (416) 736-5023

CONFERENCE INFORMATION

WHEN AND WHERE

NOVOTEL (NORTH YORK) HOTEL 21-24 OCTOBER 2010
3 Park Holme Ave.

REGISTRATION FEES

Full Registration Fee \$300
Early Bird Registration Fee (Prior to August 1, 2010) \$250
Students, Retirees, Unwaged Fee \$150
Banquet Fee (Evening of Oct 23, 2010) – OPTIONAL \$50

MEALS: Registration Fees include continental breakfast: OCT 22-24 and lunches: OCT 22-23.

HOTEL BOOKINGS

Book rooms at the Novotel by calling hotel directly:
(416) 733-2929, Ext '2', or by email at Novotel.northyork@accor.com
Single rooms are \$140 per night (Mention 'CHEA' when reserving)

OPTIONAL TOUR

New Archives of Ontario located at York University: Friday, OCT 22 (1:30-5:30PM), transportation will be provided from hotel (Space Limited). Note: there will be no conference sessions on the afternoon of 22 Oct.

PERSONAL INFORMATION (Please print in block letters)

Mr. Ms. Dr.

Surname:

First Name:

Middle Initial:

Preferred Mailing Address:

Street Address:

Apt./Unit:

City:

Province:

Postal Code:

Home Phone: ()

Business Phone: ()

E-mail:

(This is our primary means of communication with clients)

Institutional Affiliation (if applicable):

I am interested in touring the Archives of Ontario located at York University

Yes No

I will be attending the Banquet (Evening of OCT 23, 2010)

Yes No

Indicate any dietary restrictions/requirements:

PAYMENT INFORMATION

Full Registration Fees

\$300

Early Bird Registration Fee (Prior to August 1, 2010)

\$250

Students, Retirees, Unwaged Fee

\$150

Banquet Fee (Evening of Oct 23, 2010)

\$50

Card Number:

(Please Check Carefully)

Visa

M/C

Name appearing on Card (Print Clearly)

Expiry Date:

Cardholder's Signature:

M / M / Y Y

Payment Amount \$:

(Includes a \$25 Non-Refundable Cancellation Fee, Refunds issued until OCT 14, 2010)

Cheque/Money Order:

Payable to: York University

APPLICANT'S SIGNATURE:

DATE:

YOUR SIGNATURE CERTIFIES THE FOLLOWING: All the information provided in this application is true and correct.

SUBMIT COMPLETED FORM VIA FAX TO: (416) 736-5023 OR MAIL TO THE ADDRESS INDICATED ABOVE