



Please **COMPLETE** the following **FORM** and **EMAIL** it to tbudhoo@osla.on.ca

Name: _____

Profession: _____

Address: _____

Phone: _____

Email: _____

Please indicate any **dietary, allergy or accessibility** concerns you may have:

REGISTRATION PRICING
<input type="checkbox"/> OSLA member: \$185.00 + \$24.05(HST) = \$209.05
<input type="checkbox"/> Non-OSLA member: \$305.00 + \$39.65(HST) = \$344.65
<input type="checkbox"/> Student: \$100.00 + \$13.00 (HST) = \$113.00
WEBCAST PRICING
<input type="checkbox"/> OSLA member: \$132.74 + \$17.26 (HST) = \$150.00
<input type="checkbox"/> Non-OSLA member: \$232.74 + \$30.26 (HST) = \$263.00

Payment: **Payment by Credit Card**

Card Type: Visa MasterCard American Express

Name on Card: _____

Card Number: _____

Expiry: _____ / _____ Authorized Signature: _____

Payment by Cheque: *Please mail form & cheque to OSLA (address provided below)*

Privacy Terms

I understand that this workshop will include client videos. I agree to protect the privacy of participants in the videos in all respects including viewing the course in a private space, refraining from copying in any format, and maintaining confidentiality in accordance with CASLPO guidelines.

Signature: _____

Cancellation Policy: We regret that a refund cannot be offered at this moment. If you are unable to attend, OSLA may issue you a credit memo which can be used towards another conference. **Allied Health Professional Development Fund (AHPDF):** Delegates are eligible to apply for registration reimbursement through the HealthForceOntario's AHPDF. Online application and further information are available at www.ahpdf.ca.

OSLA GST #108090879

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