

Community Voices Against Sexual Violence Presents
Hope, Resilience and Psychological Trauma



Monday May 11, 2009 and Tuesday May 12, 2009
8:30 am to 4:30 pm
Fantasyland Hotel **Edmonton, Alberta**

REGISTRATION FORM

Last Name _____ First Name _____

Organization you are representing _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Alternate Telephone _____

Fax _____ Email address _____

For networking purposes, we will prepare a contact list for distribution **only** among conference attendees.
May we include your contact information? Yes _____ No _____

Please indicate any special requests Allergy _____ Vegetarian _____ Vegan _____ Kosher _____

Other dietary concerns _____ Accessibility requirements _____

Payment options	Early Bird	Regular	Student
	\$262.50	\$309.75	\$162.75

Cheque _____ Visa _____ Mastercard _____

Credit Card # _____ Exp _____

GST Exempt _____ ID Number _____

Total amount enclosed \$ _____ Signature _____

Please send registration form with payment to:
Sexual Assault Centre of Edmonton c/o Terra Irvine
205, 14964-121 A Avenue, Edmonton, AB T5V 1A3
Phone: (780) 423-4102 Fax: (780) 421-8734

Cheques can be made payable to:
Sexual Assault Centre of Edmonton

Deadline for registration: April 10, 2009



**Sexual Assault
Centre of Edmonton**