

**‘YOU SAY YOU WANT A REVOLUTION’:
THE MOTHERHOOD MOVEMENT OF THE 21st CENTURY
ARM embedded conference**

**From Friday, October 24 at 4:45pm to Sunday, October 26 at 2:00pm
McLaughlin College, York University, Toronto, Canada**

REGISTRATION FORM AND INFORMATION PACKAGE

Please complete these forms and return with payment to the address below

Make cheques payable to “York University.” *You may also pay by credit card (see forms below) *credit card payments and forms may be faxed to 416-736-5766/all others/please send via regular mail to address on pg 2.

****Conference registration includes ALL EMBEDDED CONFERENCE EVENTS:
9 regular panels, 6 keynote panels, 1 reception and 1 book launch, and 2 continental
breakfasts. Please indicate below the days you will attend or circle the full 3-day conference
rates that apply to you.**

****FULL 3- DAY CONFERENCE RATES:**

Regular \$250.00

Student: \$150.00

(Students must be full-time and provide a photocopy of student ID with forms)

DAY RATES:

Regular \$150.00 (Sat or Sun)

Student: \$100.00 (Sat or Sun)

Name _____

Address _____

Phone _____ Email _____

***MY TOTAL REGISTRATION FEES are enclosed \$ _____**

****We are thrilled to announce that this conference will feature the touring Motherhood Exhibit – MOTHER: THE JOB, Building Human Capital, Building Human Beings, which puts an economic yardstick to the work of mothers. The full exhibit consists of a short film, sculpture, photography, domestic artifacts, original writings and integrated art forms portraying the day-to-day life of the mother and her intricate relationship with her child, conveying the passion, intelligence and intuition that go into this, the world’s most important job. We will have some of these on hand at the conference. The exhibit will be open throughout the conference and attendees are encouraged to put it on their agenda.**

CREDIT CARD PAYMENTS

Please complete the form below, and mail or fax it along with the details of your to:

Association for Research on Mothering (ARM)
726 Atkinson, York University, 4700 Keele Street
Toronto, Ontario, Canada, M3J 1P3

Fax: (416) 736-5766

I _____ authorize an automatic debit on my credit card
for the amount of \$_____.

Credit Card: ____ (VISA) ____ (MC)

Card # _____

Expiry Date (mm/yy) _____

Name as it Appears on Card

Card Holder Signature

Date _____

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Fax: (416) 736-5766 Tel: (416) 736-2100 x 60366 arm@yorku.ca