

**ARM Maternal Health and Well-Being Conference October 18-20, 2007  
Courtyard Marriott Hotel, Toronto, Canada  
REGISTRATION FORM AND INFORMATION PACKAGE**

Please complete these forms and return with payment to the address below  
**by September 1, 2007 DEADLINE.**

**Make cheques payable to ARM. \*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 CONFERENCE EVENTS: regular panels, Keynote  
panels, reception and book launch, dance and social and 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:**

**REG ARM member: \$250 CAD/USD Student ARM member: \$50 CAD/USD**

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

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**\*\*DAY RATES \*\***

**REG ARM MEMBER**

**STUDENT ARM MEMBER**

\$100.00 CAD/USD

\$20.00 CAD/USD

**ADDITIONAL COSTS IF NOT ATTENDING FULL 3-DAY CONFERENCE**

**BOOK LAUNCH/RECEPTION (Oct 18) ADD \$20.00 CAD/USD** \_\_\_\_\_

**KEYNOTE PANELS ONLY \$20.00 CAD/USD (each)** \_\_\_\_\_

(please indicate which panels you plan to attend if not attending for full-conference rate nor day  
rate)

**I am attending:**

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Full 3-Day Conference \_\_\_\_\_

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

## Audio/Visual Requirements

I require:

Overhead projector and screen \_\_\_\_\_

DVD and TV \_\_\_\_\_

VHS and TV \_\_\_\_\_

CD player \_\_\_\_\_

for my presentation (please check off a/v requirements)

on \_\_\_\_\_ (date). Session \_\_\_\_\_ (#)

**\*\* (we cannot provide power point (prohibitive costs) so if you are unable to use an overhead projector for your presentation, please bring handouts for your session instead). \*\***

## CHAIR Volunteers

I would like to volunteer to chair Session \_\_\_\_\_ on

\_\_\_\_\_ (date/time).

Association for Research on Mothering (ARM)  
726 Atkinson, York University, 4700 Keele Street  
Toronto, Ontario, Canada, M3J 1P3  
Fax: (416) 736-5766  
Tel: (416) 736-2100 x 60366 [arm@yorku.ca](mailto:arm@yorku.ca)

## CREDIT CARD PAYMENTS

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

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

Fax: (416) 736-5766

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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 \_\_\_\_\_