

**ARM Maternal Health and Well-Being Conference October 18-20, 2007
Courtyard Marriott Hotel, Toronto, Canada**

REGISTRATION FORM

Please complete these forms and return with payment.

Make cheques payable to ARM. *You may also pay by credit card (see form pg 2 *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 Attendee \$250.00CAD/USD Student Attendee: \$50.00CAD/USD

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

Name _____

Address _____

Phone _____ **Email** _____

****DAY RATES ****

REG ATTENDEE

STUDENT ATTENDEE

\$100.00 CAD/USD

\$20.00 CAD/USD

ADDITIONAL COSTS IF NOT ATTENDING FULL 3-DAY CONFERENCE

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 \$** _____

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 _____