PFMS

**8th Annual Domestic Violence Symposium**

**GROUP REGISTRATION FORM BY CHEQUE**

**For Group Registration between 5-15 individuals from the same organization**

**\*If you prefer to pay your group fees by credit card OR for groups under 5 individuals, choose the Eventbrite option here (fees apply):**

[**https://www.eventbrite.ca/e/pfms-dv-symposium-viewing-violence-and-power-through-a-cultural-lens-tickets-73867952033**](https://www.eventbrite.ca/e/pfms-dv-symposium-viewing-violence-and-power-through-a-cultural-lens-tickets-73867952033)

**PLEASE SUBMIT THIS FORM TO** [**symposium@peelfamilymediation.org**](mailto:symposium@peelfamilymediation.org)

**or by fax to: 905-456-7367 by November 12, 2019**

***AND:* Send your cheque to us before November 5th**

Questions? Call us at 1-844-452-PFMS (7367)

**REGISTRATION FORM**

|  |
| --- |
| **NAME OF ORGANIZER:** |
| **TITLE:** |
| **ORGANIZATION/AGENCY :** |
| **PHONE:** |
| **EMAIL:** |

**For groups of 5-15 individuals, the early bird ticket price applies until November 12th. After this date, group registrations will no longer be available by cheque. Individual registration will still be available until November 14th at 2 pm by Eventbrite at** [**https://www.eventbrite.ca/e/pfms-dv-symposium-viewing-violence-and-power-through-a-cultural-lens-tickets-73867952033**](https://www.eventbrite.ca/e/pfms-dv-symposium-viewing-violence-and-power-through-a-cultural-lens-tickets-73867952033)***. Limited tickets available at the door.***

**Number of registrants (see next page)**

**# registrants \_\_\_\_\_\_\_\_\_ x $ 107.35 per ticket ($95.00 each + HST or $107.35 each ticket)**

**Total Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (multiply # tickets by $107.35 per ticket)**

**Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cheque amount to Peel Family Mediation Services)**

**Method of Payment: COMPANY CHEQUE BY NOVEMBER 5th TO: Peel Family Mediation Services, 7700 Hurontario, Suite 405 Brampton, Ontario L6Y 4M3 1-844-**

**Peel Family Mediation Services**

**7th Annual Domestic Violence Symposium**

GROUPS & TABLES REGISTRATION FORM

SUBMIT BY E-MAIL TO [symposium@peelfamilymediation.org](mailto:symposium@peelfamilymediation.org) or by fax to: **905-456-7367** by November 12, 2019

Main Contact Name:

Agency/Organization:

Phone:

Email:

Do you prefer to reserve a table for your organization? YES OR NO (circle one)

|  |  |
| --- | --- |
| **Group Member 1** | **Group Member 2** |
| **Name:** | **Name:** |
| **Title:** | **Title:** |
| **Email:** | **Email:** |
| **Requires a certificate of completion? Y or N** | **Requires a certificate of completion? Y or N** |
| **Group Member 3** | **Group Member 4** |
| **Name:** | **Name:** |
| **Title:** | **Title:** |
| **Email:** | **Email:** |
| **Requires a certificate of completion? Y or N** | **Requires a certificate of completion? Y or N** |
| **Group Member 5** | **Group Member 6** |
| **Name:** | **Name:** |
| **Title:** | **Title:** |
| **Email:** | **Email:** |
| **Requires a certificate of completion? Y or N** | **Requires a certificate of completion? Y or N** |
| **Group Member 7** | **Group Member 8** |
| **Name:** | **Name:** |
| **Title:** | **Title:** |
| **Email:** | **Email:** |
| **Requires a certificate of completion? Y or N** | **Requires a certificate of completion? Y or N** |
| **Group Member 9** | **Group Member 10** |
| **Name:** | **Name:** |
| **Title:** | **Title:** |
| **Email:** | **Email:** |
| **Requires a certificate of completion? Y or N** | **Requires a certificate of completion? Y or N** |
| **Group Member 11** | **Group Member 12** |
| **Name:** | **Name:** |
| **Title:** | **Title:** |
| **Email:** | **Email:** |
| **Requires a certificate of completion? Y or N** | **Requires a certificate of completion? Y or N** |
| **Group Member 13** | **Group Member 14** |
| **Name:** | **Name:** |
| **Title:** | **Title:** |
| **Email:** | **Email:** |
| **Requires a certificate of completion? Y or N** | **Requires a certificate of completion? Y or N** |
| **Group Member 15** |  |
| **Name:** |  |
| **Title:** |  |
| **Email:** |  |
| **Requires a certificate of completion? Y or N** | **Requres a certificate of completion? Y or N** |

**\*Please notify the PFMS of any changes to attendee information \***