



54TH ANNUAL PROFESSIONAL DEVELOPMENT PROGRAM

Sunday, April 26 – Friday, May 1, 2009

REGISTRATION FORM

STEP 1: CONTACT INFORMATION

– Please use one registration form per person

() Mr. () Ms. () Other

NAME

POSITION/JOB TITLE

EMPLOYER

FACILITY

MAILING ADDRESS () BUSINESS OR () HOME:

TOWN/CITY PROVINCE/STATE POSTAL/ZIP CODE

HOME PHONE BUSINESS PHONE

BUSINESS FAX EMAIL

SPECIAL NEEDS (please describe)

STEP 2: COURSE SELECTION

Administration and Management #Days

- () Creative Program Planning and Management4
- () Dealing with Difficult People and the Prevention of Violence in the Workplace4
- () Legal Awareness4
- () Managing People at Work4
- () Strategic Business Administration and Performance Measurement.....4
- () Business and Project Planning for Recreation Facilities.....4
- () Events Planning and Management4
- () Aquatic Program Administration.....3

Aquatics

- () Essentials of Swimming Pool Operations3
- () Aquatic Facility Operations – Beyond the Basics.....2

Buildings and Grounds

- () Building Maintenance and Operations.....4
- () Building Management and Operations.....4
- () Facility Housekeeping and Sanitization4
- () Parks Maintenance and Operations.....4
- () Parks Equipment Safety Operation.....4
- () Sports Turf Management and Maintenance4
- () Advanced Parks Management – Planning Perspectives, Design Components, Legislative Frameworks.....4
- () Registered Playground Practitioner Program5
- () Cemeterian Operations Level I3
- () Cemeterian Operations Level II2

Refrigeration and Ice

- () Basic Refrigeration4
- () Ice Making and Painting Technologies4
- () Ice Maintenance and Equipment Operations4
- () Advanced Refrigeration Facility Operator.....5
- () Recreation Facility Environmental Systems (HVAC/R)..5

(SEE REVERSE)

REPEAT CONTACT INFORMATION:

FIRST NAME _____ LAST NAME _____

STEP 3: ON-CAMPUS ACCOMMODATION

- Please circle YES or NO. If NO, proceed to Step 4.
 Townhouse - single occupancy room with maximum 4 people per townhouse

Number of Nights:
 5 nights accommodation:
 check-in: _____ check-out: _____
DD/MM/YY DD/MM/YY

OR
 4 nights accommodation:
 check-in: _____ check-out: _____
DD/MM/YY DD/MM/YY

Type of Occupancy:
 Single occupancy with townhouse roommates assigned by ORFA.
 Single occupancy with townhouse roommates identified below.

Please ensure that roommates are aware of all requests and that the same names are identified on all registrations.

Roommate #1: Name _____	Employer _____
Roommate #2 Name _____	Employer _____
Roommate #3: Name _____	Employer _____

STEP 4: FEES

Course Fees	ORFA Member	Non Member*	
5 day course	\$925	\$1025	\$ _____
4 day course	\$740	\$840	\$ _____
3 day course	\$555	\$655	\$ _____
2 day course	\$370	\$470	\$ _____
1 day course	\$185	\$285	\$ _____

(*includes one year individual membership)

On-Campus Accommodation/M meal Fees

5 nights single accommodation/ meals/parking/banquet/EXPO \$850 \$ _____

4 nights single accommodation/ meals/parking/banquet/EXPO \$695 \$ _____

Extra Parking Pass \$55 x _____ \$ _____

Extra Banquet Dinner Tickets \$45 x _____ \$ _____

Extra EXPO Dinner Tickets \$40 x _____ \$ _____
 (Admittance to the EXPO is Free)

Sub-total \$ _____

Canadian Residents add 5% GST (#R126146380) \$ _____

ORFA Professional Designation Program Certificate # _____ Less \$50.00 \$ _____

Total Fee Dues \$ _____

STEP 5: DISCLAIMER

As the registered participant, you are required to read and sign the following disclaimer in order for your registration to be processed: "I, the registered participant, agree to assume all risks, including travel to and from the program, and waive all rights and all liabilities for personal injury or property loss whether occurring prior to, during, or subsequent to the program whether caused by the ORFA's negligence or otherwise, and for the consideration aforesaid, I covenant and agree not to make any claim or to commence or maintain any action or proceeding against them. And it is further agreed that the ORFA does not by the payment aforesaid or otherwise admit any liability to me and liability is in fact denied."

Registered Participant _____ DD/MM/YY _____

STEP 6: PAYMENT

Purchase Order # _____

Company Cheque (payable to the ORFA)

Personal Cheque (payable to the ORFA)

VISA Mastercard American Express

Card # _____

Expiry Date _____

Card Holder's Name as it appears on card _____

Authorizing Signature _____

**Please remit completed registration form and payment to:
 Ontario Recreation Facilities Association,
 1 Concorde Gate, Suite 102, Toronto, Ontario, M3C 3N6
 Fax: 905-939-7878
 For registration inquiries, contact Marie Krawczyk
 tel: 647-203-0931 or email registrar@ORFA.com**