

## **REGISTRATION INFORMATION**

**Note:** Be sure to take advantage of the Early Bird Savings (postmarked by October 3<sup>rd</sup> AND register at the DELTA, Toronto) and you will be eligible for the “**Early Bird Registration Lucky Draw**” to win a “**Weekend for Two**” package at The Delta Toronto Hotel.

Convention registration is to be completed on the attached Registration Form. We strive for complete accuracy and ask that you take special care in completing the forms.

1. Please **print or type** all information.
2. Make cheque payable to Hospital Auxiliaries Association of Ontario, mail both cheque and registration form(s) to:

Dorothy J. Friske, HAAO President  
Box 1005  
Geraldton, On P0T 1M0  
[dorothyfriske@yahoo.ca](mailto:dorothyfriske@yahoo.ca)

3. **Note: All Banquets Tickets are to be ordered on the “Banquet Request Form” on page 3. Photocopy page 3 should more tickets be required.**

Please order Banquet tickets by November 1. All tickets will be printed by name and can be picked up by the person named on the Banquet order document. (page 3).

4. Please feel free to photocopy the number of registration forms required.

For your own records, we suggest you keep a copy of your completed registration and payment form(s).

5. Receipts will be issued. Registrations are not refundable, but are transferable.

**Note:** You may pick up your Convention Registration Name Badges/Banquet Tickets at the HAAO Registration Desk, outside the Riverdale Room, Friday November 9th, 4:00pm to 9:30pm, Saturday, November 10th 7:00am – 3:00 pm and Sunday, November 11th, 7:00 am - 9:00 am.

**If further information is required, please contact:**

### **Registration Information**

Dorothy J. Friske, HAAO President  
Box 1005  
Geraldton, On POT 1M0

Email: [dorothyfriske@yahoo.ca](mailto:dorothyfriske@yahoo.ca)

Cell Phone: 807 853 0305

Director of Education, Helen Gulka

Phone: 905-434-7174/ E-Mail: [helengulka@rogers.com](mailto:helengulka@rogers.com)

# HAAO Convention 2018 - REGISTRATION FORM

## Saturday, NOVEMBER 10 – Sunday, NOVEMBER 11

### Delta Hotel

**Note: One form** is to be used for **each delegate**. Please complete and **transfer information onto the "Registration Payment Form"** which indicates fees and ticket prices. *Take advantage of the Early Bird savings! (postmarked by October 3, 2018 AND registered at the Delta Toronto Hotel).*

NAME \_\_\_\_\_

AUXILIARY/ASSOCIATION \_\_\_\_\_

HEALTHCARE FACILITY \_\_\_\_\_

TOWN/CITY \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

CELL PHONE (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**I WILL BE ATTENDING THE FOLLOWING:** (Please indicate by **X**). | Please refer to Registration Form for fees |

- Full Convention (November 10 – November 11)    One day only    Saturday   or    Sunday only

**ACCESSIBILITY REQUIREMENTS**    Yes    No

**I WISH TO ATTEND THE FOLLOWING:** (Please indicate by **X** in the appropriate box.)

#### SATURDAY, NOVEMBER 10

10:00 am - 11:30 am – Round Table Discussions (Delta Toronto Hotel – Kensington Ballroom)  

1:00 pm - 4:00 pm – Annual General Meeting (Delta Toronto Hotel – Kensington Ballroom)  

#### SUNDAY, NOVEMBER 11

|  | 1 <sup>st</sup><br>Choice | 2 <sup>nd</sup><br>Choice |
|--|---------------------------|---------------------------|
| 1. 9:45 am – 10:45 am – President’s Forum  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 2. 9:45 am – 10:45 am – Fundraising  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 3. 9:45 am – 10:45 am – Opening a Thrift Shop  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 4. 9:45 am – 10:45 am – 3R’s – Recruitment, Recognition & Retention                        | <input type="checkbox"/>  | <input type="checkbox"/>  |
| <b>10:50 am – 11:10 am – Remembrance Day Service (check if you plan to attend)</b>         | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 5. 11:15 am – 12:15 pm – Treasurers are a Treasure   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 6. 11:15 am – 12:15 pm – Steps and Skills to Manage and Resolve Conflict in a Positive Way | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 7. 11:15 am – 12:15 pm – Rehabilitation: The Next Steps                                    | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 8. 11:15 am – 12:15 pm – HELPP Ticket Program  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 9. 1:30 pm – 2:30 pm – The Missing Link in Your Estate Planning                            | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 10. 1:30 pm – 2:30 pm – Downsizing: From House to Condo                                    | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 11. 1:30 pm – 2:30 pm – How to Run a Successful Meeting                                    | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 12. 1:30 pm – 2:30 pm – Gift Shop Forum  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 13. 2:45 pm – 3:45 pm – Downsizing: From House to Condo                                    | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 14. 2:45 pm – 3:45 pm – Fundraising  | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 15. 2:45 pm – 3:45 pm – Strategic Planning   | <input type="checkbox"/>  | <input type="checkbox"/>  |
| 16. 2:45 pm – 3:45 pm – Patients & Families Dealing with Cancer                            | <input type="checkbox"/>  | <input type="checkbox"/>  |

I the undersigned, grant HAAO the right to use photographs taken of me at the HAAO Convention 2018 for publicity and promotion purposes in such media as the VOLUNTEER, HAAO Facebook and Website pages and other HAAO promotional material.

Name \_\_\_\_\_ Healthcare Facility \_\_\_\_\_ Date \_\_\_\_\_

# 2018 BANQUET REQUEST FORM

## HAAO CONVENTION BANQUET TICKET REQUEST INFORMATION PLM RECIPIENT, GUESTS AND INDIVIDUALS

Name of Auxiliary/Association:

Contact:

Email

Phone:

### PLM RECIPIENT INFORMATION

Name:

Phone:

E-mail:

Convention Participant:  Yes  No

Ticket Picked up by:  Self  Other (Name)

Dietary Restrictions of PLM RECIPIENT :

### GUESTS OF PLM RECIPIENT / STUDENTS

Name of Guest (1):

Guest of \_\_\_\_\_

Dietary Restriction:

Name of Guest (2):

Guest of \_\_\_\_\_

Dietary Restriction:

Name of Guest (3):

Guest of \_\_\_\_\_

Dietary Restriction:

Ticket Picked Up by

### INDIVIDUAL BANQUET REQUEST (NOT GUEST OF PLM RECIPIENT /STUDENT)

Name:

Convention Participant:  Yes  No

Town/City:

Email address:

Home Phone:

Postal Code:

Dietary Restriction:

### INDIVIDUAL BANQUET REQUEST (NOT GUEST OF PLM RECIPIENT /STUDENT)

NAME:

Convention Participant:  Yes  No

Town/City:

Email address:

Home Phone:

Postal Code:

Dietary Restriction:

**Total Number of Banquet Tickets:** \_\_\_\_\_ @ \$110.00 = \$ \_\_\_\_\_  
*Carry these numbers to the payment form on page 4*

Note: Taxes are included in the Banquet Tickets Price

Name of Individual requiring wheelchair accessibility: \_\_\_\_\_  
*Please Print*

# REGISTRATION 2018 PAYMENT FORM

Please complete Registration Form(s) and along with a cheque payable to the Hospital Auxiliaries Association of Ontario. **MAIL** cheque and Registration form to **Dorothy J. Friske, Box 1005, Geraldton, On P0T 1M0, OR scan and email to dorothyfriske@yahoo.ca.**

**A. CONVENTION**

**Saturday, November 10 and Sunday, November 11**

**FULL REGISTRATION**

|                                       |       |   |          |   |          |
|---------------------------------------|-------|---|----------|---|----------|
| Early Bird (postmarked by October 3)  | _____ | x | \$370.00 | = | \$ _____ |
| Regular                               | _____ | x | \$435.00 | = | \$ _____ |
| On-Site accepted at Registration Desk | _____ | x | \$460.00 | = | \$ _____ |
| Non-Members                           | _____ | x | \$500.00 | = | \$ _____ |

**ONE DAY ONLY**

|                                       |       |   |          |   |          |
|---------------------------------------|-------|---|----------|---|----------|
| Early Bird (postmarked by October 3)  | _____ | x | \$335.00 | = | \$ _____ |
| Regular                               | _____ | x | \$360.00 | = | \$ _____ |
| On-Site accepted at Registration Desk | _____ | x | \$410.00 | = | \$ _____ |
| Non-Members                           | _____ | x | \$450.00 | = | \$ _____ |

**B. BANQUET TICKETS**

|                                 |                      |   |           |   |                      |
|---------------------------------|----------------------|---|-----------|---|----------------------|
| BANQUET - Saturday, November 10 | _____                | x | \$ 110.00 | = | \$ _____             |
|                                 | <i>(from page 3)</i> |   |           |   | <i>(from page 3)</i> |

**FINAL TOTAL - SECTIONS A + B**

**SUB-TOTAL** \$ \_\_\_\_\_

Cheque Enclosed \$ \_\_\_\_\_

Please indicate contact person for any questions:

Name \_\_\_\_\_ Auxiliary/Association \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_



*Innovation*

*Education*

*Advocacy*

***Convention  
2018***

***Supporting Healthcare Volunteers in Ontario***