



**ADULT PROTECTIVE SERVICE ASSOCIATION OF ONTARIO**

43<sup>rd</sup> ANNUAL APSAO CONFERENCE  
Kempenfelt Conference Centre in Barrie, ON  
September 27, 28 and 29, 2017

NAME:		TITLE:	
ADDRESS:		PHONE:	
FAX:		EMAIL:	
SPONSORING ORGANIZATION:			Date Submitted:

“Years of Service” \_\_\_\_\_ (APSAO Members)

**I will be attending:**

<input type="checkbox"/> Full Conference- 3 Day Package (includes all meals)	
APSAO Member	Non-Member
Double Occupancy - \$525.00	Double Occupancy - \$575.00
Single occupancy - \$585.00	Single occupancy - \$635.00
APSAO Member – no accom. \$250.00	Non-Member – no accom. \$250.00
<input type="checkbox"/> 1 Full Day Conference (includes lunch on September 28, 2017)	
APSAO Member - \$80.00	Non-Member - \$95.00
Applicant #1	
Applicant #2	
Please indicate which session you will attend. 45 people max for each, first come first serve.	
Passport Program Presentation <input type="checkbox"/>	Ombudsman Office Presentation <input type="checkbox"/>

Special accommodations/allergies/diet required (including Vegetarian & Vegan):

\_\_\_\_\_

Please make cheques payable to: Sudbury Community Service Centre  
Attention: Christine Gauthier  
1166 Roy, Ave.  
Sudbury, ON  
P3A 3M6

**EARLY BIRD REGISTRATION DEADLINE: August 25, 2017**  
➤ *Every early bird registration gets an entry to our draw for a great prize!*  
**Prices go up by \$50.00 effective August 28, 2017**

Please make your Nominations for:

**West Memorial Award:** Given to a person or group of adults labeled with intellectual disability for “Recognition of Achievement in their Community”

**Media Award:** Provided to an individual or organization that have contributed to promoting the Adult Protective Services Association of Ontario and/or have made significant contributions in promoting the causes and rights of individuals labeled with intellectual disability through the media.

**Percy Pittman Award:** The APSAO Executive will entertain suggestions from the membership until September 15, 2017 regarding perspective recipients (APSAO members) of this award.

Name of Award(s) and Suggested Recipient(s): \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Nomination: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Note: Payment is Non-Refundable**