



PROFESSIONAL DEVELOPMENT REGISTRATION FORM – 11-12

This form can be used to register for any OFIS professional development event except the OFIS/York Independent School Principals' Courses (PSP I & II) – please consult the OFIS Website and/or 11/12 OFIS PD Calendar for event specifics required in completing this form

***Send Completed Application Forms To: OFIS – 101 Holiday Inn Drive, PO Box 29011, Cambridge, ON N3C 0E6**
Questions? – 519-249-1665 or info@ofis.ca

Part A: Please indicate the 2011/2012 Professional Development Event for which you are registering (see website for upcoming professional development opportunities) – <http://www.ofis.ca> -

Event Title - _____

Date of Event - _____

***Registration for the *OFIS/YORK Independent School Principals' Course* is separate – please visit our website to discover registration details-**

Part B: Registrant Information (please print):

Each Registrant must complete this Part A and Part B of the registration form

Last Name - _____ First Name - _____ M.I. - _____
(please print)

Association Membership (Please Name) - _____
OFIS provides special consideration to schools that are members of associations affiliated with ISAO – Independent School Associations of Ontario

Contact Information You Would Like Us To Use - Home Work

Address (Including Postal Code) - _____

Email Address - _____

Telephone – (____)-_____ Cell Phone – (____)-_____

School Name - _____

Panel - Elementary Secondary Administration Board

Role At School - _____

Applicant Signature - _____

OFIS recognizes the important of privacy and the sensitivity of personal information. OFIS adheres to privacy policies and is compliant with the Protection of Personal Information and Electronic Documents Act. Your personal information will not be shared with 3rd parties..

Part C: Professional Development Fee Payment – please check all applicable boxes:

*All OFIS Professional Development Events have maximum participation caps and are available on a “first-come, first served” basis – however OFIS members will be given primary consideration

Membership Status OFIS Member ISAO Affiliate Non-Member
(11/12 School Year)

Event Chosen - _____

Price Selected - Member - \$____ ISAO Affiliate - \$____ Non-Member - \$____
 OFIS Principals’ Course Graduate (if applicable) - \$____

Please check those which apply:

I have successfully referred a colleague from another school to the same OFIS Professional Development Event I am attending - \$25 discount

Name of Colleague - _____

*OFIS must receive the completed registration form for this discount to be claimed

There are multiple members of my school attending the same OFIS Professional Development Event - \$25 discount – each registrant can claim discount

Name of Colleague(s) - _____

*OFIS must received all completed registrations together for this discount to be claimed

Event Price – (Based On Membership Status Above)	\$ _____
Less Colleague Discount (Colleague Registration Must Be Received)	\$ _____
Less Multiple Registrants Discount (All Forms Must Be Together)	\$ _____
TOTAL	\$ _____

I am including multiple registration forms

I am authorizing a payment for the total amount above to be drawn from my credit card



*Please Check One!

Name on Credit Card - _____

Credit Card # - _____

Expiry Date – (mm/yr) _____/_____

Signature of Cardholder - _____

*Registration forms must be received in OFIS office by registration deadlines posted on OFIS website and on PD Calendar – Registration fees are non-refundable – however registrations are transferrable when 48 hours prior notice is given