

OTTAWA MAY CONFERENCE 2008 REGISTRATION FORM

Please print the requested information and return by **April 25 2008** along with your cheque or money order made payable to:

CLEE Ottawa

c/o Bruce Fink,
227 Trail Side Circle,
Orleans ON K4A 5B5
e-mail: Bruce.Fink@opera.ncf.ca

Name of Exchangee: _____

Home Country: _____

Ontario Address: _____

e-mail: _____

Telephone: _____

Name of accompanying spouse: _____

Name and ages of accompanying children: _____

Do you have any special diet needs? _____

For billeting information please contact Lynn.Baltzer@ocdsb.ca

School visits on Friday morning: (Please indicate your choice)

Elementary: _____

Secondary: _____

Cost: _____ Adults @ \$100 each ----- \$ _____
_____ Children (12 and under) @ \$25 each----- \$ _____

Total \$ _____

Registrations received after April 25 will cost \$120 and \$30 respectively.

We look forward to your visit with us.