

# HEADSTART ON THE PQP

Saturday, January 23, 2010

## REGISTRATION FORM

### Personal Information (Please print in Block Letters)

Birth Date: \_\_\_\_\_ College Registration Number: \_\_\_\_\_  
(Required for Ontario College of Teacher reporting purposes) (From your Certificate of Qualification)

Mr.  Mrs.  Miss  Ms. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt./Unit: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

School/Business Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

May we use the above information to correspond with you about upcoming programs and courses:  Yes  No

### Payment Information

Card:  VISA  M/C Card Number:              
Expiry Date: \_\_/\_\_/\_\_ (Please check carefully)

CARDHOLDER'S NAME(Print Clearly): \_\_\_\_\_ CARDHOLDER'S SIGNATURE: \_\_\_\_\_

Payment Amount: **\$50.00**

Certified Cheque / Money Order: \$ \_\_\_\_\_ Debit Card (In person during business hours): \$ \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**YOUR SIGNATURE CERTIFIES THE FOLLOWING:** I have fully and carefully read the application information and agree to abide by the policies published therein and on RFD's website <http://www.yorku.ca/foe/profdev/index.html>. All information provided in this application is true and correct. I am a member in good standing with the Ontario College of Teachers. I understand that payment will automatically be adjusted, if necessary, in accordance with Research and Field Development policy.

### Please return the application form to:

York University,  
Faculty of Education, Field Development Office,  
023 Winters College,  
4700 Keele Street, Toronto,  
ON. M3J 1P3

Fax: (416) 736-5023  
Phone: (416) 736-5003  
Email: [raiseyourag@edu.yorku.ca](mailto:raiseyourag@edu.yorku.ca)  
Website: <http://www.raiseyourag.ca>