

# Trilateral Consortium on Capacity Building in Community Rehabilitation and Disability Studies (CCRDS)



## III INTERNATIONAL INSTITUTE 2004

July 12 - 15, 2004

Calgary, Alberta

### REGISTRATION FORM

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Specialty: \_\_\_\_\_

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

City: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

#### PLEASE IDENTIFY YOUR UNIVERSITY OR ORGANIZATION:

- |  |   |
|--|---|
| <input type="checkbox"/> Universidad de Sonora                 | <input type="checkbox"/> Universidad del Noroeste   |
| <input type="checkbox"/> University of Calgary                 | <input type="checkbox"/> University of Manitoba     |
| <input type="checkbox"/> University of Arizona                 | <input type="checkbox"/> San Diego State University |
| <input type="checkbox"/> Canadian Centre on Disability Studies | <input type="checkbox"/> Origins Global College     |
| <input type="checkbox"/> Other (please specify): _____         |   |

#### PLEASE INDICATE YOUR STATUS:

- Faculty     Student     Other: \_\_\_\_\_

#### Accommodations:

- University Housing     Make own Hotel/Motel arrangements

#### Accessibility Requirements:

- Wheelchair Accessibility     Alternate Formats: \_\_\_\_\_

- Other (please explain) \_\_\_\_\_

Other Needs (e.g. Child care): \_\_\_\_\_

Date and time of arrival in Calgary: \_\_\_\_\_

**Registration Fee:** There will be a Registration Fee of \$100 US per person. Please make cheque payable to **University of Calgary** at the following address: Attention: Leila Khoja, Community Rehabilitation & Disability Studies, EDT Room 413, 2500 University Drive, NW, Calgary, Alberta T2N 1N4 Canada