

Attendee Information



First Name

Last Name

City

Province

Organization

Job Title

E-mail

Phone Number

What sector do you represent (select one):

Worker

Employer

Government

We strongly encourage you to provide your pronouns to include on your badge. Example, she/her (optional).

Please let us know if you have any dietary or special accommodation requests (optional):

All sessions are delivered in English. Do you require simultaneous French translation?

No

Yes

If you are registering as a current full-time student, please complete the following:

School/Institution Name

Name of Program

Student Number

Please send the completed form to clientservices@ccohs.ca