
Our Community, Our Choice Student Conference
Participant Registration Form

First Name: _____ Last Name: _____

Home Address: _____

Town/City: _____ Postal Code: _____

Cell/Contact Phone Number: _____

Email Address: _____

Education Institute: _____

Program: _____

Do you have any dietary restrictions or food allergies?

Yes: _____ No: _____

If yes, please list concerns you may have regarding these allergies/sensitivities. (Example: Do you require an Epi-pen? What foods need to be avoided?):

Do you require any special travel arrangements? If yes, please list below:

Emergency Contact Information

Please list an emergency contact person below. In the event that an emergency happens while you are in Toronto this is the person we will contact.

First Name: _____ **Last Name:** _____

Home Phone: _____ **Cell Phone:** _____

If you have any questions or concerns regarding this form please contact: events@iaesc.ca