

ONTARIO HEALTH PROMOTION SUMMER SCHOOL 2007

Please mail/fax this form along with payment to:
Ontario Health Promotion Summer School
c/o Interware.net
411 Richmond Street East, Suite 103
Toronto, ON M5A 3S5
416-363-6400 or Toll Free 1-866-886-3496



Mental Health Promotion

June 25 - 27, 2007 • Preschool : June 24, 2007

REGISTRATION FORM

Please fill in the form completely and legibly otherwise registration will be delayed.

Name _____
Name of workplace _____
Mailing Address _____
City _____ Province _____ Postal Code _____
Telephone Number (work) _____ (other) _____ Email _____

PRESCHOOL SESSIONS (OPTIONAL) JUNE 24, 2007

- Preschool A:**
Health Promotion 101
(10:30 - 12:30)
- Preschool B:**
Evaluation 101
(1:30 - 5:00)
- Preschool C:**
Research and Ethics in Health Promotion
(1:30 - 5:00)

SERIES

Please select **one** of the following Series:

- Series 1: First Peoples' Series: The Medicine Wheel (open to all)
 Series 2: French Language Series (open to all, offered in French only)
 Series 3: General Series (open to all)

TOOLBOX SESSIONS

Please indicate your first and second choice for each of Sessions A and B.
Those attending Series 2 must also register for these sessions.

Session A (Monday, 3:30 – 5:00)

- ___ **A1 « Stigma Busting »**
with Heather Campbell, Caroline Recollet
- ___ **A2 « Understanding the Relationship of Mother Earth and FASD »** with Walter J. Cooke
- ___ **A3 « A Family Approach to Reducing Risk and Enhancing Protective Factors: The Strengthening Families Program »**
with Suzanne Witt-Foley, Susan Lalonde Rankin
- ___ **A4 « The Way to Well-Being: A Population Health Approach to Mental Health and Resilience »** with Elizabeth (Lisa) Votta
- ___ **A5 « A Positive Space is a Healthy Place: Making your Workplace Inclusive to those of all Sexual Orientations and Gender Diversities »** with Elaine Hampson
- ___ **A6 « Mental Safety at Work: why we need it and how we can get it »** with Martin Shain
- ___ **A7 « Beyond Homelessness – Dreams to Reality »**
with The Dream Team
- ___ **A8 « Wellness Approach in Mental Health Facilities »**
with Ted Mavor
- ___ **A9 « Neurotoxicants, Child Development, Learning Disabilities and Mental Health »** with Dr. Loren Vanderlinden, Jill McDowell
- ___ **A10 « Mental Health Promotion: Mind Also Matters »**
with Mary Martin-Rowe

Session B (Tuesday, 3:30 – 5:00)

- ___ **B1 « Aboriginal Youth: Keys for Success »** with Sharlene Pitts
- ___ **B2 « Prisoners of the Moment; Every Moment, Every Day »**
with Dr. Barry Stanley,
- ___ **B3 « Culture Counts: Best Practices in Community Education in Mental Health and Addictions with Ethnocultural Communities »**
with Marianne Kobus-Matthews, Branka Agic
- ___ **B4 « Mental Health and At-Risk Youth »** with Kinsey Lewis
- ___ **B5 « Building Caring Community through Self-Help »**
with Gillian Kranius
- ___ **B6 « The Prevention of Eating Programs and Eating Disorders: Lessons from the Field »** with Manuela Ferrari
- ___ **B7 « Out of the Shadows: Allied Health Professionals, Transdisciplinary Care, and Mental Health Promotion »**
with Karen Davison
- ___ **B8 « What do doctors know about psychiatric drugs, who tells them and what are the consequences? »** with Joel Lexchin
- ___ **B9 « Care for the Caregiver- Vicarious Trauma »** with Cindy Rose
- ___ **B10 « Working Together to Integrate Transpeople into our Organizations & Communities »** with Rupert Raj
- ___ **B11 « Children's Health and the Environment: the Need for Protection and Action for Prevention »**
with Dorothy Goldin Rosenberg

PERSONAL DEVELOPMENT WORKSHOPS (OPTIONAL)

Please indicate your first and second choices.

C1 « Healing with the Cycles » with Jan Kahehti : io Longboat
 C2 « Yoga » with Rita Piazza

C3 « Art Therapy » with Naomi Kates, Melita Richardson
 C2 « Healing Through Meditative Arts » with Michelle Currie

SOCIAL AND RECREATIONAL ACTIVITIES

Will you be attending the Aboriginal traditional gathering on Monday June 25 evening?
 Will you be taking the bus downtown on Tuesday June 26 evening?

Yes No
 Yes No

TOTAL AMOUNT SUBMITTED FOR SUMMER SCHOOL REGISTRATION

	to April 30 inclusive	on or after May 1	Total
<input type="checkbox"/> Summer School (Preschool not included)	\$475	\$525	-
<input type="checkbox"/> Preschool - Preschool A (10:30 - 12:30)	\$50	\$50	
<input type="checkbox"/> Preschool - Preschool B (1:30 - 5:00)	\$100	\$100	
<input type="checkbox"/> Preschool - Preschool C (1:30 - 5:00)	\$100	\$100	
<i>Fees include GST Registration #108162330RT0001</i>			
Registration Total			\$
Accommodation			
<small>NB Registrants must reserve and pay for accommodation at the same time that they register for Summer School.</small>			
<small>Please check the nights required below.</small>			
<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday			
<input type="checkbox"/> Single occupancy Sun, Mon & Tues is \$210 a night / Sat & Wed is \$135 a night. <small>(includes room, taxes, parking, meals, facilities) (includes room, taxes, parking, facilities)</small>			
<input type="checkbox"/> Double occupancy Sun, Mon & Tues is \$260 a night / Sat & Wed is \$154 a night. <small>(includes room, taxes, parking, meals, facilities) (includes room, taxes, parking, facilities)</small> = (\$130 a night per person) = (\$77 a night per person)			
<input type="checkbox"/> I would like to share a room with _____ <input type="checkbox"/> I would like to share a room but have not identified someone to share with.			
Would you like dinner on Saturday night (\$25)? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like dinner on Wednesday night (\$25)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Accommodation \$		\$ _____ x _____ nights = _____	
Total Registration \$		\$ _____ x _____ nights = _____	
Grand Total \$			

How many times have you attended the Ontario Health Promotion Summer School?

- First time
 Once before
 Twice before
 Three times
 Four times
 Five or more times

How many years have you been practicing in a health promotion setting?

- 0-2 years
 2-5 years
 5-10 years
 10-15 years
 more than 15 years

What is your profession?

- Health Promotor Project Coordinator or Manager Public Health Practitioner
 Community Worker Funder or Policy-Maker Other profession indicate below:
 Social Worker Student, Scholar or Educator

Do you require a barrier-free room? Yes No

Do you require a smoking room? Yes No

Do you have special dietary requirements (or other)? (e.g. vegetarian, Vegan, food allergies, etc.) Yes No

If so, please specify: _____

Will you be attending French-language sessions? Yes

Will you be requesting a subsidy? Yes (If yes, please contact the Coordinator.)

METHOD OF PAYMENT (please check one only) Visa MasterCard American Express Cheque or Money Order
(payable to: University of Toronto)

Credit Card Number _____ Expiry Date _____

Full Name on the Credit Card (please print)

Your Signature

Date

NB Your credit card statement will read a charge from 'Interware.NET', our contracted registration services supplier for this event.

CANCELLATIONS AND REFUNDS:

Up to and including May 25, 2007: cancellations will be fully refunded less a \$50.00 administration fee. Prior to June 7, 2007: 50% of the registration fee will be refunded. **As of June 7, 2007: no refunds for cancellations.** NB: Cancellation requests must be received in writing or by email prior to these deadlines.

Cancellation of accommodation reservations operate on a different schedule.

Please sign stating that you agree with all the terms and conditions set in the above.

X

Signature