## Career 101 For Youth Pharmacy 101 For Youth 2013 Registration Form

Name (Last, First):			Gender:	
			□ M □ F	
Grade: Scho	Grade: School:			
Phone Number:		Email:		
Meal Options:				
Sandwich: BLT Tuna Veggies N/A				
Please note that we cannot accommodate to any food allergies/restrictions.				
To minimize any health risks, you are welcomed to bring your own lunch to the conference.				
<b>Reference Contact* (Name, Phone Number/Email):</b>				
In 150 words or less, please explain:				
a. why you would be a qualified participant for this conference.				
b. what you would like to gain from this conference.				
How did you hear about us?				
School Counsellors/Teachers Advertisement (posters, banners, etc.) Website				
Social Media (Facebook, Twitter, etc.) Word of Mouth Others (please specify:)				
Yes, I hereby consent Career 101 For Youth to release my photograph(s) and video recording(s) in its				
future marketing avenues (visual advertisement, website, etc.). I understand that these materials may be				
used without notice.				
Yes, I will be able to attend the conference on October 26 <sup>th</sup> , 2013, from 9:15 am - 4:10 pm.				
Please email your completed form to <u>registration@career101foryouth.com</u> .				
• We will take 1-2 days to process your registration and confirm that we have received your				
application. You will be informed of your ability to attend the conference on October 19 <sup>th</sup> , 2013.				

Thanks for your interest. We look forward to seeing you at Pharmacy 101 For Youth 2013!

\*Please provide one primary contact information (phone number or email) of a teacher, counsellor, or an adult who can recommend you on a professional level.