



Last Name		Address		
First Name		City	Province/State	Postal Code
Maiden Name (if applicable)		Home No.	GUESTS : Are you attending with guest (s) YES() NO () Number of Guests _____ Events : _____ Please fill-in separate registration forms for each guest.	
Desired Name Printed on HEARTS AFIRE ID		Business No.		
Email:		Cell phone No.		
CANOSSIAN CONNECTION : Please check & fill-up () School : _____ () Parish : _____ () Other : _____		PLACE _____ _____ _____		YEAR/s _____ -- _____ _____ --- _____ _____ --- _____
EVENTS PARTICIPATION : May 24 Conference & Celebrations : <u>Cdn\$ 100</u> Includes two meals, coffee break & Hearts Afire Dinner & Dance		Please check: <input type="checkbox"/>	Full payment and deadline for registration May 20th, 2008 Early payment preferred if possible. Great Help in planning. Cheques payable to: CANOSSIAN SISTERS with memo : Hearts Afire Toronto 2008 Send Registration Form and Cheque to Arlyn Gardon, 4971 Long Acre Drive, Mississauga, ON L5M 7K8 TOTAL AMOUNT : <u>Cdn\$</u> _____ CHEQUE # : _____ BANK : _____	
May 24 Only whole day Conference* <u>Cdn \$ 40</u>		<input type="checkbox"/>		
May 24 Only evening Celebration* HEARTS AFIRE Dinner & Dance : <u>Cdn \$ 65</u>		<input type="checkbox"/>		
May 25 Pilgrimage : <u>Cdn \$ 50</u> Includes breakfast, transportation and entrance fees		<input type="checkbox"/>		

For Inquiries and more information Please contact us:

HEARTS AFIRE COORDINATOR	Registration	Area Coordinator USA EAST COAST	Area Coordinator USA WEST COAST
Sr. Anna Haydee Librojo, FdCC	Arlyn Gardon	Mercy Estiva	Lita Guevara
(B) 416-298-0989 ext. 29 (C)416-786-0347	(H) 905-820-1892	(H) 201-333-3095	(H) 925-291-2357
Email: ahaydeel@yahoo.com	Email: arlyngardon@hotmail.com	Email: mer537@yahoo.com	Email: litag@comcast.net

***MAY 24 Event at HOLIDAY INN SELECT , 970 Dixon Road, Toronto ON M9W1J9 . Tel (416) 675-7611 Parking at \$6.00 flat rate**