



ONTARIO ASSOCIATION FOR INFANT AND CHILD DEVELOPMENT



The Power of Relationships: Families, Professionals & Policy Makers

October 21st – 22nd, 2010

PRESENTER CONTACT FORM

SUBMISSION TITLE _____

(Complete a form for each presenter)

First Name _____ Last Name _____

Title/ Position _____

Organization _____

Mailing Address _____

City _____ Province _____ Postal Code _____

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Website (if applicable) _____

Professional Setting (Check only one)

- | | | |
|---|---|--|
| <input type="checkbox"/> early learning and care | <input type="checkbox"/> public health | <input type="checkbox"/> early intervention |
| <input type="checkbox"/> child welfare | <input type="checkbox"/> children's mental health | <input type="checkbox"/> hospital/ health care |
| <input type="checkbox"/> pre & post natal program | <input type="checkbox"/> family resource centres | |
| <input type="checkbox"/> community health | <input type="checkbox"/> infant & child development | |

OTHER (specify): _____

By submitting this presentation proposal:

*I grant permission to reproduce and publish all written submission and presentation materials supplied to OAICD as part of this conference's materials and promotion.

**I understand that no honoraria, travel or other expense reimbursements will be given for participation as a concurrent session, workshop or poster presenter in this conference.

***I understand that all presenters who wish to attend the conference will be required to register and will receive a discount on their registration fees.

For more information contact:

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