

REGISTRATION INFORMATION

IMPORTANT – YOU MUST PRE-REGISTER TO ENSURE YOUR PLACE!

- All programs and workshops are held at the Centre unless otherwise noted.
- A minimum number of registrants is necessary for a program to proceed.
- If you have any special needs or a disability we should consider, please let us know.
- You will receive a reminder call or email 1 to 2 days prior to the start of the program. Please ensure we have your correct contact info, and confirm that it is safe to leave a message.
- To guarantee your place, we recommend that you pay in advance.
- There is a \$10 minimum charge for Visa & MasterCard transactions.
- We apologize, but handouts cannot be provided to those who do not attend a workshop.

“ The facilitator was knowledgeable, informative, approachable. ”



Phone: (416) 439-7111



Mail: (If enclosing a cheque or money order)



Walk-in: Monday to Thursday 9am-5pm;
Friday 9am-4pm



E-mail: adminassist@scarboroughwomenscentre.ca



Website: www.scarboroughwomenscentre.ca
(download form and mail or fax it in)



Fax: (416) 439-6999

(cut off registration form below and fax in)

The Centre is located at 2100 Ellesmere Rd., Suite 245
(North West corner of Markham & Ellesmere)

Directions - Driving:

Taking 401 - Exit at Markham Road, go south on Markham Road. Turn right in driveway before Ellesmere Road. Free parking is available.

Public Transit (TTC):

From Scarborough Town Centre take the *Neilson 133* bus to Markham Road, or the *Highland Creek E 38* bus to Markham Road. From York Mills Station (Yonge subway line) take *York Mills 95B, 95D* or *95F* bus to Markham Road. From Warden Station (Bloor subway line) take any *Markham 102* bus (except *102S*) to Ellesmere Road.

Please return this form for programs and workshops you plan to attend.

FALL 2011 REGISTRATION FORM

Name: _____ Phone: _____

Address: _____

Postal Code: _____ Email Address: _____

Enclosed is my cheque for \$ _____, payable to "Scarborough Women's Centre."

Visa/MasterCard # _____ Expiry Date ____/____ Total Amount _____ Signature: _____

Please call our office (416) 439-7111 if you are unable to attend in order to help us ensure that no one remains on a waiting list.

Course Name(s): _____

Total amount of donation enclosed: \$ _____

I would like to receive a membership information package

Scarborough Women's Centre is a charitable organization - 10795 9660 RR001