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# REGISTRATION FORM 2010

Please MAIL or FAX completed form.  
Online registration form available at our website.  
**'3 FOR 2' SPECIAL ON REVERSE SIDE**

FOR OFFICE USE  
Coach ID #

Register by **December 31, 2009** and receive a **FREE 1-Year subscription** to *The Hockey News*. Visit our website for complete details.

**The Hockey News**  
EARLY BIRD SPECIAL

## COACHES' CLINIC DETAILS

|          |  |  |
|----------|--|--|
| TIMES    | REGISTRATION: 9:00 - 11:00 am Friday, June 11, 2010<br>PRESENTATIONS: 11:00 am Friday, June 11 - 1:00 pm Sunday, June 13, 2010   |  |
| LOCATION | Main Campus - Health Education & Learning Centre - University of Windsor, ON, Canada<br>Maps to the location can be accessed through our website, and will also be included in a subsequent mailing. |  |
| PAYMENT  | Personal Cheque, Money Order, Visa or MasterCard<br><i>U.S. checks honoured 'at par'. NO personal cheques will be accepted past June 1, 2010 - only Money Orders or Certified cheques.</i>           |  |
| COST     | \$495<br>CAD   | Price includes lecture booklet and all taxes. Credit Cards will be charged in Canadian funds.<br>Price does not include Meals & Accommodations. See WEBSITE for details. |

## COACH'S INFORMATION

|            |            |                                   |         |   |
|------------|------------|-----------------------------------|---------|---|
| FIRST NAME | LAST NAME  | DATE OF BIRTH MM / DD / YY<br>/ / | AGE     | GENDER<br><input type="checkbox"/> M <input type="checkbox"/> F |
| ADDRESS    | CITY       | PROV / STATE                      | COUNTRY | POSTAL / ZIP CODE   |
| HOME PHONE | WORK PHONE | CELL / PAGER                      | FAX     |   |
| EMAIL      |            |                                   |         | TOTAL YEARS COACHING EXPERIENCE                                 |

## TEAM AFFILIATION

|              |                  |   |
|--------------|------------------|---|
| CURRENT TEAM | POSITION         | LEVEL   |
| LEAGUE       | TENURE WITH TEAM | WOULD YOU LIKE US TO SEND ADDITIONAL BROCHURES FOR OTHER COACHES OR PLAYERS WHO MIGHT BE INTERESTED IN ATTENDING ONE OF OUR PROGRAMS?<br><input type="checkbox"/> YES, please send me <input checked="" type="checkbox"/> _____ brochures |

## ADDITIONAL INFO

|  |  |   |
|--|--|---|
| HAVE YOU EVER ATTENDED RNCC?<br><input type="checkbox"/> YES <input type="checkbox"/> NO           | IF YES, WHEN DID YOU LAST ATTEND?  | HOW DID YOU HEAR ABOUT RNCC IE: THE HOCKEY NEWS, ETC. |
| WILL ASSOCIATES BE ATTENDING WITH YOU?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | ** LIMITED TIME OFFER - '3 FOR 2' SPECIAL **<br>SPACE IS LIMITED. SEE REVERSE SIDE or WEBSITE FOR DETAILS. |   |

Roger Neilson's Coaches' Clinic is officially recognized by the OMHA as a sanctioned specialty conference accrediting attendees with a **FULL 20 CREDIT ALLOTMENT** towards its Continuing Education Program.

## PAYMENT INFORMATION

|   |   |   |
|---|---|---|
| DEPOSIT: Applications will not be considered unless accompanied by a minimum of <b>\$200 non-refundable deposit</b> per applicant. Deposits are payable by <b>Cheque, Visa or MasterCard</b> . Cheques should be made out to <b>Roger Neilson's Coaches' Clinic</b> . All Credit Cards will be billed in Canadian funds. U.S. checks will be honoured 'at par'. Registrations will only be processed when a valid credit card number is provided. Upon receipt of your registration & deposit, additional Clinic material will be mailed. |   |   |
| BALANCE DUE: Credit Card payments will be processed <b>automatically</b> on May 1, 2010 using the same information as below <b>unless</b> indicated otherwise with this application. If registering after May 1 <sup>st</sup> , full payment is required at time of registration. No personal cheques will be accepted past June 1, 2010 - Money Orders or Certified cheques only.  |   |   |
| DEPOSIT AMOUNT  | DEPOSIT TYPE<br><input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MC | FINAL PAYMENTS ARE DUE<br>ON/OR BEFORE MAY 1, 2010. |
| CARD NUMBER   | EXPIRY DATE MM / YY<br>/  |   |
| CARD HOLDER   | SIGNATURE   |   |

## TERMS & CONDITIONS

|  |
|--|
| There is a cancellation fee of <b>\$200</b> for each application cancelled. Cancellations will forfeit their subscriptions to The Hockey News.   |
| There are <b>NO</b> refunds after May 1 <sup>st</sup> except for medical reasons. In such cases, a Doctor's certificate is required - and the cancellation fee will be kept 'on account' for use at the following year's Clinic. There are <b>NO</b> refunds or pro-rated discounts for 'no shows' or missed portions of the Clinic - including seminars, meals and nights of accommodations - without prior consent of the Clinic Director.   |
| Meals & Accommodations are the responsibility of the participant and are <u>not</u> included in the price of Clinic admission. Optional arrangements can be made directly through the University of Windsor (Conference & Accommodation Centre), the Holiday Inn Select (the 'official' hotel of RNCC), or the facility of choice. For complete details, please visit the RNCC website. Please do not send Meal & Accommodation requests/forms to the Roger Neilson's Hockey Office. |
| In signing this application, you are certifying that you have read and understood the conditions of this application and agree to abide by the terms.  |
| PARTICIPANT'S SIGNATURE  |
| DATE   |

PLEASE SEE '3 FOR 2' SPECIAL ON THE REVERSE SIDE →