



REGISTRATION FORM

2010

YMCA World Urban Network Conference

The Health of Children and Youth around the World

**Sunday, July 25 – Friday, July 30
Hong Kong**

PERSONAL INFORMATION

Family Name/ Surname: _____ Given Name: _____

Name you wish delegates to call you (given or nickname): _____

Will a partner/ spouse accompany you? Yes No Name, if applicable: _____

The working language of the Conference will be English. Please indicate your oral skills in English and other languages.

LANGUAGE	Excellent	Good	Fair
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Languages (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOU AND YOUR YMCA

YMCA Name: _____

Mailing Address: _____

City: _____ State: _____ Zip/ Postal Code: _____ Country: _____

YMCA Tel: Country Code: _____ City Code: _____ Number: _____

YMCA Fax: Country Code: _____ City Code: _____ Number: _____

Email: _____

Your current position in YMCA: _____

Outline of main function or key areas of responsibility in the YMCA: _____

Number of years' experience in YMCA: _____

Require Visa letter? Yes No Passport # _____

Please indicate roommate preference, if any: _____

Special Dietary Needs: _____

YOUR GOAL AND EXPECTATIONS

What goals do you have for your involvement in the World Urban Network Conference?

1. _____
2. _____
3. _____

AREAS OF INTEREST

Within the context of the World Urban Network Conference, please indicate if there are any areas of special interest to you.

1. _____
2. _____
3. _____

EXPECTED DATE AND TIME OF ARRIVAL

Arrival Date: _____ Flight#: _____ Arrival Time: _____ am pm

Departure Date: _____ Flight#: _____ Departure Time: _____ am pm

Do you plan to attend the 17th World Council of YMCAs from July 19-24, 2010 prior to the WUN Conference? Yes No

REGISTRATION FEES AND ACCOMMODATIONS

Registration fees quoted below are in US Dollars (USD) and are inclusive of all meals, program costs, work materials, administration and accommodations for five nights from dinner of Sunday July 25 to breakfast of Friday July 30, 2010. The registration fee does not include ground travel and airfare.

Room Type	Registration Fee Per Person		Additional Nights
Standard Room <input type="checkbox"/> WUN Member <input type="checkbox"/> Non-WUN Member <input type="checkbox"/> Partner	Single Occupancy <input type="checkbox"/> 1,200 USD <input type="checkbox"/> 1,400 USD <input type="checkbox"/> N/A	Twin Sharing/ Double Occupancy <input type="checkbox"/> 1,000 USD <input type="checkbox"/> 1,200 USD <input type="checkbox"/> 700 USD	Delegates may reserve additional nights, either before or after the conference, by calling (+852) 22687000 or email: room@ymcaghk.org.hk for special rates and availability.
Family Suite <input type="checkbox"/> WUN Member <input type="checkbox"/> Non-WUN Member <input type="checkbox"/> Partner	<input type="checkbox"/> 1,800 USD <input type="checkbox"/> 2,000 USD <input type="checkbox"/> 800 USD		Indicative rates per room night subject to changes in currency exchange: [Single] HKD740+10% = approx USD110 [Twin] HKD840+10% = approx USD125 [Suite] HKD1580+10% = approx USD230

PAYMENT

Registration fees are payable in US Dollars. Fees are fully refundable until April 30 after which there is a USD100 penalty.

Enclosed cheque, made payable to YMCA World Urban Network

Credit Card (*please check one*):

MasterCard Visa American Express

Account Number: _____ Expiry Date: _____

Name on Card: _____ Amount: _____ USD

**SUBMIT REGISTRATION AND PAYMENT BEFORE JAN 31, 2010.
REGISTRATIONS ARE LIMITED AND WILL BE MANAGED ON A FIRST RECEIVED (WITH PAYMENT) BASIS.**

Attention: Rich Bailey, CEO, YMCA World Urban Network
Email to: WorldUrbanNetwork@ymcagta.org

By Mail: YMCA World Urban Network, 42 Charles Street East, Toronto, ON M4Y 1T4 CANADA
Phone: (416) 413-1020 x2343 By Fax: (416) 413-1741

SIGNATURE

Signature

Print Name

Date