



REGISTRATION FORM 2016

WINDSOR CLINIC

Please SCAN, MAIL or FAX completed form. Online registration form available at our website. SEE WEBSITE FOR LIMITED TIME INDIVIDUAL & GROUP PROMOS	FOR OFFICE USE Coach ID #
10 Royal Crest Way NW ★ Calgary, AB, Canada T3G 4M8 Phone: 587-352-0880 ★ Fax: 587-352-0881 E-mail: info@rogerneilsonshockey.com www.rogerneilsonshockey.com	FIND US ON SOCIAL MEDIA Twitter@RNeilsonshockey Facebook: RogerNeilsonshockeyClinic

COACHES' CLINIC DETAILS	
TIMES	REGISTRATION: 9:00 - 11:00 am Friday, June 10, 2016 PRESENTATIONS: 11:00 am Friday, June 10 – 12:30 pm Sunday, June 12, 2016 <i>*(subject to change)</i>
LOCATION	Main Campus - Health Education & Learning Centre - University of Windsor, ON, Canada Maps to the location can be accessed through our website, and will also be included in a subsequent mailing.
PAYMENT	Personal/Organization Cheque, Money Order, Visa or MasterCard <i>NO personal cheques will be accepted past June 1, 2016. Credit cards are charged in Canadian funds.</i>
COST	\$575 CAD (PLUS HST)
	Price includes all lectures & lecture booklet, catered lunch Friday, continuous coffee breaks. Price does not include <u>additional</u> meals (other than lunch FRI) or accommodations. Tax (HST) is extra.

COACH'S INFORMATION				
FIRST NAME	LAST NAME	DATE OF BIRTH MM / DD / YY	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	CITY	PROV / STATE	COUNTRY	POSTAL / ZIP CODE
HOME PHONE	WORK PHONE	CELL	FAX	
EMAIL	TWITTER (ie. @RNeilsonshockey)			TOTAL YEARS COACHING EXPERIENCE

TEAM AFFILIATION		
CURRENT TEAM	POSITION (ie. Head Coach)	LEAGUE
LEVEL	HIGHEST CERTIFICATION ACHIEVED?	DOES YOUR TEAM/ASSOCIATION SUBSIDIZE YOUR PARTICIPATION IN THE CLINIC? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE <input type="checkbox"/> N/A

ADDITIONAL INFO		
HAVE YOU EVER ATTENDED RNCC? <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? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU INTERESTED IN TAKING THE 'DEVELOPMENT 1' CERTIFICATION IN CONJUNCTION WITH THE OHA? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE <input type="checkbox"/> N/A	LIST ANY OTHER CERTIFICATIONS YOU WOULD LIKE OFFERED THROUGH THIS CLINIC:

Roger Neilson's Coaches Clinic has partnered with the Ontario Hockey Association (OHA) to offer Development 1 certification as an 'add-on' option at the clinic. Visit our website for full details and to register. Space limited.

PAYMENT INFORMATION		TERMS & CONDITIONS	
DEPOSIT: Applications will not be considered unless accompanied by a minimum of \$300 non-refundable deposit per applicant. Deposits are payable by E-Transfer, Cheque, Visa or MasterCard . Cheques should be made out to Roger Neilson's Coaches Clinics . All Credit Cards will be billed in Canadian funds. If paying by U.S. check, contact the Clinic Office for exchange rate. Registrations will only be processed when a valid credit card number is provided. Upon receipt of your registration & deposit, a confirmation and additional Clinic material will be sent via electronic mail. Online registration and payment options are available.		PRIOR TO MAY 1, 2016: There is a cancellation fee of \$300 for each application cancelled. Cancellations will forfeit any promotional discounts, subscriptions or incentives. At the sole discretion of the Clinic Director, cancellations <u>may</u> be given a credit towards a future clinic, with a \$75 non-refundable administrative fee deducted.	
BALANCE DUE: Credit Card payments will be processed automatically on May 1, 2016 using the same information as below unless indicated otherwise with this application. If registering after May 1 st , full payment is required at time of registration. No personal cheques will be accepted past June 1, 2016.		AFTER MAY 1, 2016: There are NO refunds except for medical reasons. In such cases, a Doctor's certificate is required, and the cancellation fee (less Administrative penalty) will be kept 'on account' for use at the following year's Clinic. There are NO 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.	
DEPOSIT AMOUNT <input type="checkbox"/> FULL	DEPOSIT TYPE <input type="checkbox"/> E-TRANSFER <input type="checkbox"/> CHEQUE <input type="checkbox"/> VISA <input type="checkbox"/> MC	FINAL PAYMENTS ARE DUE ON/OR BEFORE MAY 1, 2016.	
CARD NUMBER	EXPIRY DATE MM / YY	Meals & Accommodations are the responsibility of the participant and are not included in the price of Clinic admission (except lunch on Friday). Optional arrangements can be made directly through the University of Windsor (Conference & Accommodation Centre), the Holiday Inn & Suites (the 'official' hotel of RNCC), or your facility of choice. For complete details, please visit the RNCC website. All accommodations/meal packages should be arranged directly with the service provider.	
CARD HOLDER	SIGNATURE	In signing this application, you are certifying that you have read and understand the conditions of this application and agree to abide by the terms as outlined. Questions should be directed to the Clinic Director by phone/email.	
		PARTICIPANT'S SIGNATURE	DATE

SEE WEBSITE FOR REGISTRATION PROMOTIONS AND GROUP REGISTRATION DISCOUNTS