



PARTICIPANT INFORMATION & REGISTRATION

Send your registration form by: **BY EMAIL:** Save this Registration Form and send it by email at audrey.baker@cscf.org **OR BY FAX:** Save, print and fax this Registration Form to **604-858-6087**. Upon receipt of your Registration Form, an email confirmation will be sent to Participant within 48hrs. If email is not received within 48hrs, please follow up with the Fair Coordinator by email or phone 604-846-7777.

PARTICIPANT ORGANIZATION NAME:

Sector : Public Not-For-Profit Government Private/For-Profit
There is a \$10.⁰⁰ per table charge **for Private or For Profit organizations**. Please complete payment information below if you are a private or for-profit organization.*

Mailing Address: _____ Postal Code: _____

Company Website: _____

PARTICIPANT CONTACT PERSON (FIRST/LAST NAME):

Telephone: _____ Fax: _____

E-mail: _____

Title/Position: _____

NAME(S) OF REPRESENTATIVE(S) THAT WILL OCCUPY THE TABLE DURING THE FAIR:

Includes Table, Chairs & Refreshments. Please identify any special requirements you may have, e.g.
 Electrical | Wi-Fi | Other: (describe)

SIGNATURE: _____ **DATE:** _____

PARTICIPANT SIGNATURE- Acknowledgement and compliance with the terms, conditions, regulations and agreements indicated in this Registration Form. Upon signature, The Participant (Organization) authorizes the Chilliwack and Fraser Cascade Transition Fair Committee to automatically advertise on the website (list of the Participants) the company's logo and/or company profile to announce its participation in the Fair. I am a duly authorized representative empowered to execute and sign this contract in the name of my company/organization or society. I (the signed person) have read, agreed and accepted to abide by all exhibit terms, conditions and payment of the Fair set forth on this Registration Form (Contract 1) and on the Fair's Website (Participant Section Contract 2).

***PAYMENT BY CREDIT CARD - Upon receipt of this Registration Form, Participant will receive the Invoice and Receipt of Payment to confirm the Credit Card transaction and confirm table booking. Payment only required for Private or For Profit Organizations.**

CARD HOLDER'S FIRST & LAST NAME: _____

CREDIT CARD TYPE : VISA MASTERCARD

CREDIT CARD #: _____ EXPIRY DATE M/Y: _____ COV CODE: _____

First & Last name of the person providing the Credit Card IF NOT THE CARDHOLDER: _____



COMMUNITY CONNECTIONS DIRECTORY INFORMATION

This information will appear in the Community Connections directory and will be given to every Individual and their family. Please complete this form with as much information as you can provide – see example included on next page. Please save the file with your organization’s name and return to Audrey.baker@cscl.org (Attach additional pages if not enough room.)

NAME OF ORGANIZATION	
Address	
Telephone Number	
Fax Number	
Email Address	
Website	
Contact Person	

ORGANIZATION AND/OR PROGRAM MANDATE

PROGRAMS AND SERVICES AVAILABLE

REFERRAL & APPLICATION PROCEDURES

COST



SAMPLE FORM

ORGANIZATION AND/OR PROGRAM MANDATE
To provide competitive employment (volunteer) opportunities as an option for people with developmental disabilities. To enhance the quality of life for individuals by promoting independence, productivity and self-esteem. Job ready, to become independent in his/her duties without requiring job support.

PROGRAMS AND SERVICES AVAILABLE
Supported Employment: a "flow through" process in which a suitable candidate for the program is referred through (CLBC) Community Living BC. Every effort is made to assist the individual in finding a suitable job placement and becoming successful in that position. Job Coaching and follow-up services are provided to the individual to assist them with the transition to the work site. Vocational Counselors also assist individuals with career decision-making, pre-employment training, and transportation arrangements and support. Individuals are expected to become fully independent at their jobs within a three-year time frame. Job Club: promotes relationships with peers who are working in the community. This is also a good opportunity for the Employment Team to assess the individual's skill level.

REFERRAL & APPLICATION PROCEDURES
Individuals must call Community Living BC to request Supported Employment services.

COST
Free