

# From the Ground Up 2003 Registration Form

## Friday May 2<sup>nd</sup> & Saturday May 3<sup>rd</sup>

Please complete this form with as much detail as possible. *Your* input will shape *your* forum! Let us know what topics are of interest to you. Feel free to contact us with any questions or comments.

To register, send this completed form to:

From the Ground Up, Waterloo Region Healthy Communities Coalition

P.O. Box 40117, Waterloo, ON N2J 4V1

Fax: 519 883-2241, E-mail: [masteph@region.waterloo.on.ca](mailto:masteph@region.waterloo.on.ca), Phone: 519 883-2004 ext. 5445

**Registration Deadline is April 18<sup>th</sup>, 2003**

**Please indicate which of these topics from last year's discussion interest you.** This information is for our interest only. Your selections do not commit you to attending those discussion groups on the day of the forum.

Fundraising

Working with Volunteers

Decision Making/Consensus Building

Business & Community Partnerships

Art to Build Community

Diversity & Making Membership more Accessible

Motivating Others

Capacity Building & Skill Development

Are there other topics related to building healthy communities which you would like to discuss at the forum? If so, please list your ideas below.

### Forum Options

Please contact me about setting up a display of my group's work at the forum.

Yes

No

I will be joining you for the free vegetarian lunch on Saturday, May 3rd.

Yes

No

### Payment Options (please check one)

I have enclosed my cheque for \$30 payable to Waterloo Region Healthy Communities Coalition.

I will pay \$30 cash when I arrive at the forum on May 2<sup>nd</sup> or May 3<sup>rd</sup>.

I would like to pay in Barter dollars. My account # is: \_\_\_\_\_

I am unable to pay \$30. Enclosed is my donation in the amount of \_\_\_\_\_.

**No one will be turned away for lack of funds.**

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please include my name and contact information in the listing of forum participants.

Yes

No

Some subsidies for travel and childcare expenses may be available. I am interested in this option.

Yes

No

# Pre-Forum Facilitation Training Workshop Registration Form

Saturday, April 12<sup>th</sup>

The Facilitation Training is an opportunity for you to gain new skills and build on existing experience in group and meeting facilitation. **YOU DO NOT HAVE TO ATTEND THE FROM THE GROUND UP FORUM TO ATTEND THE FACILITATION TRAINING.** We are however, looking for 20 workshop participants to commit to facilitating discussion groups at the forum on May 3<sup>rd</sup>. Forum registration is free for volunteer facilitators who attend this training.

The facilitation training will be led by Valerie Gennings, an animator with the Ontario Healthy Communities Coalition. Valerie has years of experience facilitating groups and training others to do so. She will design a format for the workshop that will meet the needs of people with all levels of facilitation experience.

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**Registration Deadline is April 4<sup>th</sup>, 2003**

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## We would like to meet your learning needs. What is your experience with group facilitation?

I have experience with facilitation and I would like to attend the workshop on April 12<sup>th</sup>.

I do not have much experience with facilitation and I would like to attend the workshop on April 12<sup>th</sup>.

I would like to facilitate a discussion group at the From the Ground Up Forum on May 3<sup>rd</sup> after attending the training on April 12<sup>th</sup>.

### Meal Options

I will be joining you for the free vegetarian lunch on Saturday April 12th.

Yes

No

### Payment Options (please check one)

I have enclosed my cheque for \$30 payable to Waterloo Region Healthy Communities Coalition.

I will pay \$30 cash when I arrive at the training workshop on April 12<sup>th</sup>.

I would like to pay in Barter dollars. My account # is:  
\_\_\_\_\_

I am unable to pay \$30. Enclosed is my donation in the amount of \_\_\_\_\_.

**No one will be turned away for lack of funds.**

### Personal Information

Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_  
\_\_\_\_\_