

**Please
Announce
and Post**

Annual Awards Dinner

An Evening of Celebration

Thursday, June 6, 2024

PLACE: **Royal Venetian**
400 Industrial Parkway South, Aurora

TIME: 5:00 Doors & cash bar open
5:15-7:15 365 video booth available
6:00 Presentations begin
7:00 Dinner

COST: \$30.00 (+ \$50.00 refundable... see reservations)

Don't forget to indicate on the registration form if someone attending is retiring, a new member or completing their 25th year of Federation membership!

**Registration
Deadline
May 17, 2024**

Choice of Entrée:
Stuffed Chicken Breast
OR
Eggplant Parmesan (vegetarian)
OR
Stuffed Pepper (gluten free)

**Please
Note**

RESERVATIONS:

THERE MUST BE 2 CHEQUES for EACH PERSON registering for the dinner.

- one cheque for \$30.00 (non-refundable) Please do not send cash in the courier.
- one cheque for \$50.00 (returned at the door)

DO NOT COMBINE PAYMENTS for multiple members on any cheque.

Members who have made a reservation, but do not attend, will have both cheques cashed unless they have contacted ETFO-YR by the cancellation date of May 30th, 2024.

ETFO-YR members who wish to attend must send in the registration sheet along with their cheques to be received by the ETFO-YR Office by May 17th, 2024.

Confirmations will be couriered to your school only after receiving the payment. **Tickets will NOT be sold at the door. Cancellations made after May 30th, 2024 will not be refunded.**

If you have any questions please call the ETFO-YR Office at 905-727-7014 or 416-798-7863.

ETFO-YR Annual Dinner, Thursday, June 6, 2024

Please use this form for single or multiple registrations. Send the entire form along with a cheque for \$30.00 and a cheque for \$50.00 (no cash) payable to ETFO-YR for **each** registration to the ETFO-YR office by **May 17, 2024**. Forms with insufficient payment attached will be returned. This event is open to **ETFO-YR members only (permanent contract teachers)**. Seating will be prearranged. Groups of less than 10 will be seated with other groups. Groups of more than 10 will be seated at adjacent tables. **Please indicate preferred splits** (eg. A group of 12 may be 10+2, 9+3, 8+4, 7+5, or 6+6).

Please indicate preferred split for groups of more than 10 _____.

Please write your meal choice below, if you leave it blank, meal choice will be chicken.

If you require additional space, please write on reverse.

1. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters: _____ New Member _____

2. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters _____ New Member _____

3. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters _____ New Member _____

4. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters _____ New Member _____

5. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters _____ New Member _____

6. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters _____ New Member _____

7. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters _____ New Member _____

8. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters _____ New Member _____

9. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters _____ New Member _____

10. Name: _____ School: _____

Meal choice _____ medical/religious accommodation _____

Please indicate if you are being recognized for the following:
Retiring: _____ 25-yr pin: _____
Masters _____ New Member _____