

2025 UnConference (where YOU set the agenda) Registration Form

November 26, 2025 8:30 – 3:30 Novotel Vaughan 200 Bass Pro Mills Drive, Vaughan, Ontario

Contact Information

Signature:____

Name:		Title:
		City:
Phone:		Email:
Dietary Restric	tions:	
		ers - \$125 (must be out of home care providers) out of home care providers)
Payment Infor	mation	
Paying Via:		
Cheque	Credit Card	EFT (information will be provided to you upon receipt of application)
Credit Card No.		Exp:
Name on Card: ₋		

Tel: 905.475.5437

Email form to: info@ontariocarecollective.ca