



The Canadian Italian Business and
Professional Association of Toronto

EMPOWERING YOUNG WOMEN

Registration Application

Sunday, January 25th, 2015

Ryerson University – Downtown Toronto

APPLICANT INFORMATION

Name:		
Date of Birth (DD/MM/YYYY):	Home Phone:	Mobile Phone:
Current Address:		
City:	Province:	Postal Code:
E-mail Address:		
Special Dietary Restrictions:		

WHERE AND HOW CAN WE FIND YOU ON SOCIAL MEDIA?

Facebook:	Twitter:	Instagram:
LinkedIn:	Pinterest:	YouTube:

EDUCATION INFORMATION

Name of School You Attend:		
School Address:	Grade:	
City:	Province:	Postal Code:
Phone:		

UNIVERSITY STUDENTS ONLY

Area of Study:	Major:	Minor:
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EMERGENCY CONTACT

Name:		
Address:		
City:	Province:	Postal Code:
Phone:	Relationship to You:	

HELP US GET TO KNOW YOU

How did you hear about <i>Empowering Young Women</i> ?
Who recommended this event to you?
What are 3 things you like most about yourself?
What are 3 things you like least about yourself?
What is most important to you right now?

Signature of Applicant:	Date:
Signature of Parent/Guardian:	Date:

Please return your completed form to eyw@cibpa.com