



Anxiety Disorders Association of Ontario

153 Chapel Street, Ottawa, ON. K1N 1H5
613-729-6761 Toll Free: 1-877-308-3843
E-mail: info@anxietydisordersontario.ca
Website: www.anxietydisordersontario.ca

**The Anxiety Disorder's
Association of Ontario (ADAO)**

**14-Week Anxiety Management Program
Facilitator Training Conference**

Registration Form

Name: _____

Address: _____

City / Province: _____

Postal Code: _____

Email Address: _____

Telephone: (H) _____ (W) _____

Payment

Conference Fee: \$495.00 (includes tax). ADAO accepts payment by cheque.
After co-facilitating your first 14-Week Program, you will be reimbursed \$100.

Cancellation policy:

1. 14-days before the workshop (until March 26th): Receive a full refund.
2. Less than 14 days before the workshop (after March 26th): Receive a refund, less a \$50.00 administrative fee.
3. Within 48 hours of the workshop, a refund cannot be offered (after April 7th at 5 pm)

Registration Form, Waiver, and Payment:

1. Print and complete the PDF "ADAO Training Conference Registration Form and Waiver"
2. Mail the document along with payment (cheque) to:
ADAO
153 Chapel Street
Ottawa, ON
K1N 1H5

Cover Letter and Résumé:

1. E-mail a cover letter (outlining how qualifications are met) and résumé to:
info@anxietydisordersontario.ca

Applicants who meet the qualifications outlined in the Facilitator Job Description will be contacted for a telephone interview.



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Registration Waiver

This Agreement is effective, _____ (date) by and between _____
(participant name) and the Anxiety Disorder's Association of Ontario (ADAO), 153 Chapel
Street, Ottawa, Ontario, K1N 1H5.

- I. By signing the Facilitator Training Conference Registration Waiver, I, the undersigned, agree to the following:
 - i. All material presented / provided by ADAO is owned and copyrighted to the Anxiety Disorder's Association of Ontario. None of the material, including but not limited to the Facilitator Manual, Participant Manual, Gratitude Journal, and Handouts, can be used, copied (electronic or hard copy), or sold without ADAO's written authorization.
 - ii. I agree not to utilize the 14-Week Anxiety Management Program material in a professional, personal, or volunteer capacity to provide individual and/or group services.
 - iii. I agree to abide by the following two conditions during my contract term with ADAO as well as following termination of any contract employment with ADAO.

Date:	
Full Name (Please Print):	
Signature:	

