

OMMC Annual Museums Studies Course Mohawk College, Hamilton, 08 – 14 June 2025

Please read the following instructions carefully:

Please send your completed registration form to the Treasurer at ommctreasurer@gmail.com AND the Course Director at coursedirector@ommc.ca. ALL registrations MUST be received by the Treasurer and Course Director NLT 05 May 2025. If you are paying by cheque, a copy of the registration form AND the cheque, made out to "OMMC Inc.", must be sent directly to the Treasurer: Kevin Windsor, (416 Nichols Road, Quinte West, ON, KOK 1H0). Payment must be received before placement on course - no exceptions.

IMPORTANT NOTICE for CAF museums: DHH, through CFMWS, will finance the registration fees for 35 people, divided proportionally by environment. CAF museums that would like their registrations fees covered must provide their names and position held at the museum to their appropriate environmental museum representative by 25 April 2025 (CA museums - CARL.KLETKE@forces.gc.ca, RCAF museums - Bruno.Paulhus@forces.gc.ca and RCN museums -DEAN.BOETTGER@forces.gc.ca) so that approval can be granted for this funding. Upon receiving approval of funding, please mark the 4th box in the payment section on the 2nd page and complete your registration process as per these instructions. All other TD expenses (flights, meals on route, taxi) is a personal or museum budget responsibility.

Registration Details				
OMMC Membership Number	Name			
Title	Institution			
Address	City	Province	Postal Code	
Email		Telephone		
Next of Kin		Telephone		
dinner is at your own arrangement. A statem registrants will receive a receipt of payment.		-		
Full Registration	\$1400.0	0		
Sessions and Meals without Accommoda	tion \$800.00			
Sessions only:	\$300.00			
Sessions with lunch only:	\$400.00			
Awards Dinner & Ceremony Guest	\$100.00			
Meet-and-Great Breakfast Guest	\$50.00			
Site Visit Guest (includes lunch)	\$100.00			
Total amount:	\$	(see 2 nd page for p	payment method)	

		Payment Me	ethod		
Direct deposit by DRMIS to vendor account 1356770					
E-transfer to ommctreasurer@gmail.com					
	Cheque payable to OMMC Inc				
	Covered by DHH through CFM	WS (approval required fron	n environmental museum rep)		
Visa	MasterCard	American Express			
Name	on card				
Card I	Number		Expiry date		
Signat	ure				
Dieta	ry/Allergies				
	_		e that your dietary needs are met. We will provide the ed, designated meals will be provided for you.		
Dloos	list food allorgies				
riease	e list 1000 allergies.				
Please	e check all that apply:				
Veget	, , ,	Gluten Free	Diabetic		
Vegar	1	Lactose/Dairy Free	Low salt		
م ما ط	Dietem meetwietieme				
Otner	Dietary restrictions:				
Share	d/Accessible Accommodation				
If you	have a preferred roommate, p	lease name the person and	ensure that they also list you as their shared		
	-		mmodation will not be reserved. Otherwise,		
	e contact the Course Director a		rse Director. If you are bringing your significant other, .		
Adjoir	ning Kooms/Roommate Name(s):			
Are vo	ou able to walk up to 500 m an	d use stairs?	Do you require accessible accommodation?		
Yes	No		Yes No		

Off-site Activities

For off-site activities, please indicate:

Are you are 65+ Yes No Are you a serving or retired Military member Yes

Privacy Policy

I agree that my name, institution, address, email, and telephone number is to be included in the attendees list made available to all attendees.

Yes No I agree that my image may be used by the OMMC for publication in various media including the Bulletin, on the website and social media platforms.

No

Yes No

For further details on registration, travel, climate, etc., please refer to the Admin Instructions. Questions? Please contact the Course Director at CourseDirector@ommc.ca.



65+

Mil/Vet