

SECWEPEMC GOVERNANCE MEETING

Registration Form

General Information

Name: _____

Community: _____

Position: _____

As some of us can wear many different hats, please check which of the following is most appropriate for your representation at this particular meeting:

Political:___ Technical:___ Community Member: ___ Other (Specify):_____

Availability

Please specify which dates you are able to attend so we can plan for meeting materials and meals accordingly:

Sunday, May 8th _____

Monday, May 9th _____

Tuesday, May 10th _____

Wednesday, May 11th _____

Contact Information

Email: _____

Phone: _____

Submitting Registration Form

Registration is required. Completed Registration Forms must be submitted by email to **art@shuswapnation.org** or by fax to **778-471-5804** (Attn: Kelly Connor) no later than May 2nd, 2016. Walk-in's will be able to register at the door but without pre-registering, we cannot guarantee enough space, materials, or meals. **Please help us make this meeting a success by registering ahead of time.**

Allergies

Please indicate any serious food allergies or dietary restrictions we should be aware of when planning meals: _____