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| --- | --- | --- |
| **REGISTRATION FORM** | | |
| **NAME:** |  | |
| **COMMUNITY:** |  | |
| **EMAIL:** |  | |
| **Emergency Contact:** | **Primary Contact:** | **Secondary Contact:** |
| **SPECIAL DIETARY/ALLERGIES:** |  | |

Do you require a hotel room? \_\_\_ No \_\_\_ Yes

|  |
| --- |
| **This event can only provide Two (2) Women per community**  **GCT#3 Will Provide Travel and Accommodation For:**   * **2 Women per community** * **100 Spaces available** |

**Registration Deadline: March 18, 2019**

Please contact our office in advance to confirm your registration. Return the completed registration form and release form to the address/fax number below **by MARCH 18, 2019**

**Please Send Completed Forms to:**

Cairo Copenace – haa@treaty3.ca

Alarice Keesick – alarice.keesick@outlook.com

Health Administration Grand Council Treaty #3

P: 807-548-4214 F: 807-548-5041