Registration Number: _____ Registration Received On: _____

PARTICIPENT INFORMATION

Full Name:

Organization/Company: Job Title:

Email Address: Phone Number:

Mailing Address: City:

Province/State: Postal/ ZIP Code:

Country:

Blackfoot Confederacy/other First Nation:

EMERGENCY CONTACT

Emergency Contact Name:

Relationship: Phone Number:

REGISTRATION TYPE

☐ Regular Registration ☐ Student Registration ☐ Speaker Registration

☐ Sponsor/Exhibitor Registration ☐ Virtual Attendance

CONFERENCE SESSIONS

Please select the sessions you wish to attend:

☐ Opening Keynote ☐ Leadership Development Workshop ☐ Networking Reception

☐ Industry Trends Panel Discussion ☐ Innovation & Technology Session ☐ Closing Ceremony

DIETARY REQUIREMENTS

☐ None ☐ Vegetarian ☐ Vegan ☐ Halal ☐ Other:

ACCESSABILITY REQUIREMENTS

PAYMENT INFORMATION

☐ Credit Card ☐ Debit Card ☐ Electronic Transfer ☐ Invoice Required

HOTEL ACCOMMODATIONS

☐ Yes ☐ No