VENDOR REGISTRATION

VENDOR INFORMATION

Full Name:	
Organization/Company:	
Email Address:	Phone Number:
Mailing Address:	City:
Province/State:	Postal/ ZIP Code:
Country:	
Blackfoot Confederacy/other First Nation:	

DIETARY REQUIREMENTS

☐ None ☐ Vegetarian ☐ Vegan ☐ Halal ☐ Other:

ACCESSABILITY REQUIREMENTS

PAYMENT INFORMATION

Vendor Fee: $300 ***Payments can be made payable to Chief and Council.***

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

Please send your registration form to Mariah Little Chief by email:

MariahLC@siksikanation.com

Registration Number: _____ Registration Received On: _____