

REGISTRATION:

Name/Company/Organization:		
Street Address:		
City/Town:	Province/Territory:	Postal Code:
Telephone:		
Forum Pass (First Name and La	ast Name):	
Contact E-mail Address:		
Method of Payment		
Standard Booth		TOTAL: \$
☐ Company/Organization (Cheque <i>(Enclosed)</i> □ Certifie	ed Cheque (Enclosed)
□ Visa □ MasterCard	□ Amex	
If paying by credit card ple	ease complete the following:	
Card Number: Exp (MM/YY):/ CVV:		
Card Holder's Signature:		
Print name:		
GST# 13364 9848 RT0001		
Fax or mail forms to Larry V	ole to the National Indian Brot Whiteduck <u>LWhiteduck@afn.ca</u> I 55 Metcalfe Street, Suite 1600, 0	by February 1, 2019.

