

DELEGATE REGISTRATION FORM

Please note that there is no registration fee for this Summit

♣ TYPE OF REGISTRANT:	
Chief	Private Sector
First Nation Organization or Individual	Non-Governmental Organization
Knowledge Keeper/Elder	Academia
Student	Observer
Government Official	
☑ CONTACT INFORMATION (please print):	
Mr. Mrs. Ms. First Name:	Last Name:
Title:	
First Nation/Organization/Company Name:	
Street Address:	City/Town:
Province/Territory:	Postal Code:
E-mail address:	
Tel: ()	Fax:_()
Will you be joining by: Computer	Tele-Conference

Should you have any questions regarding registration, please contact Tash Cote at tcote@afn.ca.

For general inquiries regarding the Summit, please email your questions to water-eau@afn.ca.