

NECHI 45 YEAR ANNIVERSARY CONFERENCE "Celebrating Our Resilience"

REGISTRATION FORM

OCTOBER 15, 16, 17, 2019 (Tue, Wed, Thu)

RIVER CREE RESORT HOTEL, EDMONTON, ALBERTA

Company and/or First Nation:	
First Name:	
Last Name:	
City:	
Province:	
Postal Code:	
Country:	
Phone Number:	
Fax Number:	
OFFICE USE ONLY:	
TOTAL PAYMENT RECEIVED: \$	
PAYMENT RECEIVED BY:	(Staff name)
TYPE OF PAYMENT: cash/deb	it/credit card/cheque/E-Transfer (circle
one) VI/MC/AX (Circle one)#_	Exp PVN
E-TRANSFER: nechi-accountin	ig@nechi.com

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