

## REGISTRATION

### Progressive Aboriginal Relations: a luncheon

#### Registration

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

*\*\* Please see Page 2 if purchasing multiple registrations.*

#### Fees

\$75 (including tax)

\$500 per table (including tax)

Quantity of registrations purchased: \_\_\_\_\_

Total \$ \_\_\_\_\_

#### Cancellation Policy

Cancellation of registrations must be submitted in writing via email to attention **Luanne Whitecrow**, **lwhitecrow@ccab.com** no later than **Sep 18, 2015 by 5:00 pm EST**. No refunds will be granted following the above noted deadline. Refunds will not be granted for no shows, substitutions are accepted only.

#### Payment Options

Visa

MasterCard

Cheque (make payable to: Canadian Council for Aboriginal Business)

Credit card holder's name: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Credit card holder's signature: \_\_\_\_\_

**Please email your completed registration form to Luanne Whitecrow, Programs - Manager, lwhitecrow@ccab.com or fax to 416-961-3995.**

Thank you!



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- 1 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_
- 2 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_
- 3 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_
- 4 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_
- 5 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_
- 6 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_
- 7 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Tel: \_\_\_\_\_ Email: \_\_\_\_\_