



Sioux Lookout
First Nations
Health Authority

REGISTRATION FORM
SLFNHA 2017 ANNUAL GENERAL MEETING
 September 12-14, 2017 – Lac Seul Events Centre
Attention: Rachel Joy Fox, Receptionist

CONTACT INFORMATION	
Name:	
Position:	
Community:	
E-Mail Address:	
Telephone No.:	
Fax No.:	
*If the attendee is not the Chief, please include proxy letter on community letterhead, with registration.	
ACCOMMODATIONS <i>Check-in: Monday Sept 11 & Check-out: Friday Sept 15, 2017</i>	
Please book me a room at:	Smoking [] Non-Smoking []
Special Needs Required?	YES [] NO [] <i>Please Indicate:</i>
TRAVEL ARRANGEMENTS <i>Travel dates are Monday, September 11 & Friday, September 15, 2017</i>	
Airline Preference:	Wasaya [] North Star [] Other [] _____
<i>Please Indicate:</i>	
Preferred Departure Time:	<i>Monday, September 11, 2017 @</i> _____ am / pm
Preferred Return Time:	<i>Friday, September 15, 2017 @</i> _____ am / pm
Driving own vehicle/Riding with Someone:	YES [] NO []
Mileage: _____ kms x 0.53/km	From: _____ To: _____
Require transportation to Lac Seul?	YES [] NO [] 8:00 AM PICK UP AT: _____

The Sioux Lookout First Nations Health Authority appreciates having photos to use in its publications and presentations. By attending this meeting, it is assumed that participants authorize the use, without additional compensation of his or her name and/or likeness, and/or voice/photograph and community of residence for promotion and/or advertising purposes in any manner in any medium (including without limitation, radio broadcasts, newspapers and other publications and in television or film releases, slides, videotapes, distribution over the internet and picture data storage which the Sioux Lookout First Nations Health Authority may deem appropriate and waive any rights of compensation or ownership thereto.