



Sioux Lookout
First Nations
Health Authority

REGISTRATION FORM

2019 ANNUAL GENERAL MEETING

September 11 & 12 2019 – Lac Seul Events Centre Attn:

AGM Travel Email: agmtravel@slfnha.com

Fax 737.1076

| CONTACT INFORMATION | | |
|--|--|-----------------------------|
| Name: | | |
| Position: | | |
| Community: | | |
| * E-Mail Address: | *Required | |
| Telephone No.: | | |
| Fax No.: | | |
| *If the attendee is not the Chief, a proxy letter on community letterhead must be sent in with registration | | |
| ACCOMMODATIONS <i>Check-in: Sept 10 & Check-out: Sept 13, 2019</i> | | |
| Hotel Preferences (2) | 1. 2. | Smoking [] Non-Smoking [] |
| Special Needs/Dietary Requirements: YES [] NO [] Please Indicate: | | |
| TRAVEL ARRANGEMENTS <i>Travel dates are September 10 & September 13, 2019</i> | | |
| Airline Preference: Wasaya [] North Star [] Perimeter [] Other [] _____ | | |
| <i>Please Indicate:</i> | | |
| Time: Monday, Sept. 10, 2019 @ _____ am / pm Other: _____ | | |
| Time: Friday, Sept. 13, 2019 @ _____ am /pm Other: _____ | | |
| Mileage: _____ kms x 0.53/km From: _____ To: _____ | | |
| Require transportation to Lac Seul? | YES [] NO [] 7:45 AM PICK UP @ _____ | |

By registering to and attending this meeting, it is assumed that participants authorize, without additional compensation, the use of his/her name and/or likeness, and/or voice/photograph and community of residence for promotion and/or advertising, publication and presentation 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.