



huu ayah't

ANCIENT SPIRIT, MODERN MIND

People's Assembly Registration Form

From Friday, November 18 to Sunday, November 20
Alberni Athletic Hall, Port Alberni

Names of adults (18+) in your party:		1)																
2)		3)																
4)		5)																
Address:																		
City:	Province:	Postal Code:																
Home Phone:	Cell Phone:	Alternate Phone:																
Email:																		
<p>We will be providing child care services at the conference. If you are registering your children, please provide the first name(s) and age(s):</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Age</th> <th>Name</th> <th>Age</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td><input type="text"/></td> <td>2)</td> <td><input type="text"/></td> </tr> <tr> <td>3)</td> <td><input type="text"/></td> <td>4)</td> <td><input type="text"/></td> </tr> <tr> <td>5)</td> <td><input type="text"/></td> <td>6)</td> <td><input type="text"/></td> </tr> </tbody> </table>			Name	Age	Name	Age	1)	<input type="text"/>	2)	<input type="text"/>	3)	<input type="text"/>	4)	<input type="text"/>	5)	<input type="text"/>	6)	<input type="text"/>
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1)	<input type="text"/>	2)	<input type="text"/>															
3)	<input type="text"/>	4)	<input type="text"/>															
5)	<input type="text"/>	6)	<input type="text"/>															
<p>Do you require accommodation? Accommodation is limited and available on a first-come first-serve basis.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," for how long?: <input type="checkbox"/> One day <input type="checkbox"/> Two days</p> <p>How many rooms do you require?</p> <p><input type="checkbox"/> One <input type="checkbox"/> Two How Many Beds? _____</p>																		



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Do you or any of the members of your family have any special requirements?

Wheel Chair Accessible Toilet Seat Riser Handles in Bathroom

Other _____

Do you have any food allergies?

Yes No If "Yes," please list allergens: _____

Will you be able to attend a Cultural Night on Friday?

Yes No

Do you know a youth that might be interested in volunteering at the People's Assembly?

Yes No If "Yes," please provide the name: _____

Are you travelling with someone to the People's Assembly?

Yes No If "Yes," please provide the name(s): _____

Do you need transportation assistance?

Yes No

If "Yes," What kind?: Gas Card Bus Ferry Card Other

Will you be needing shuttle service between your hotel and the Athletic Hall?

Yes No

We will be recognizing Elder of the Year, Citizen of the Year, and Youth of the Year. If you would like to nominate someone for an award, please fill out our separate "Nomination Form".

Please complete the registration form and return it via email to Kim Chretien (kim.c@huuayaht.org), fax it to 250.723.4646 or mail it to:

HFN Government Office
4644 Adelaide Street,
Port Alberni, BC, V9Y 6N4