

Managing Drinking Water Systems in First Nations REGISTRATION FORM

September 19, 2019

Manitoulin Hotel & Conference Centre, 66 Meredith St E, Little Current, ON

Time: 8:30am - 4:30pm

Participant Name: _____

First Nation: _____

Tribal Council: _____

Job Title: _____

Certification Level: _____

Address: _____ Work Home

City: _____ Postal Code: _____

Phone Number: _____ Fax: _____

Email: _____ Work Home

NOTES: All expenses will be reimbursed based on Ontario Government travel directives as follows:

* Expense forms and instructions will be provided to participants.

Food allergies/special dietary requirements: _____

**Send completed form to: fax 519-881-4947 or
email: training@wcwc.ca**

Upon receipt of this form, you will receive confirmation of your registration.