

Managing Drinking Water Systems in First Nations REGISTRATION FORM

April 14, 2020

Airlane Hotel & Conference Centre, 698 West Arthur Street, Thunder Bay

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.
* 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.