



BRITISH COLUMBIA ABORIGINAL LAND MANAGERS (BCALM)

TRAINING/ WORKSHOP

REGISTRATION FORM

TRAINING/WORKSHOP NAME: _____

DATE(S) OF TRAINING/WORKSHOP _____

PARTICIPANT NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

FIRST NATION: _____

FOOD ALLERGIES:

HOTEL ROOM PREFERENCES (EX: 1 BED/ 2 BED): _____

ADDITIONAL REQUESTS:

(Note: Please notify BCALM 24 HOURS IN ADVANCE if you are unable to attend the workshop/training or failure to do so will result in any costs incurred to BCALM to be invoiced accordingly and will solely be the responsibility of the participant.)