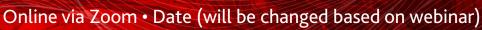


Assembly of First Nations (AFN)

First Nations Fire Protection Strategy Webinar Series





DELEGATE REGISTRATION FORM

| G CONTACT INFORMATION (piease print): | |
|---|--|
| First Name: Last Name: Title: First Nation/Organization/Company Name: | |
| | City/Town: Postal Code: |
| Tel: () | |
| | |
| REGISTRATION FEES (includes GST): | |
| \$0 - Chief \$0 - First Nation Delegate Registration Fee \$0 - First Nation First Responder | \$0 - Corporate/Government Official Delegate Registration Fee \$0 - Student \$0 - Knowledge Keeper/Elder |









