



Assembly of First Nations (AFN)

# First Nations Fire Protection Strategy Webinar Series

Online via Zoom • Date (will be changed based on webinar)



## DELEGATE REGISTRATION FORM

### **CONTACT INFORMATION** (please print):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_ First Nation/Organization/Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/Town: \_\_\_\_\_  
Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Tel: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

### **REGISTRATION FEES** (includes GST):

- |  |  |
|--|--|
| <input type="radio"/> \$0 – Chief                                  | <input type="radio"/> \$0 – Corporate/Government Official Delegate |
| <input type="radio"/> \$0 – First Nation Delegate Registration Fee | Registration Fee   |
| <input type="radio"/> \$0 – First Nation First Responder           | <input type="radio"/> \$0 – Student                                |
|  | <input type="radio"/> \$0 – Knowledge Keeper/Elder                 |

