



First Nations Resource Opportunities Conference

Vancouver Island Conference Centre

101 Gordon Street, Nanaimo, BC

May 3 – 5, 2010

Registration Form

Please print all information clearly. This form serves as your invoice.
For multiple registrations, please copy and complete one form per registrant.

Surname: _____ First Name: _____

Company/Organization/First Nation: _____

Mailing Address: _____

City/Town: _____ Terr/Prov: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Please choose one of the following four options (*Full Registration Package includes Ice Breaker, 2 lunches, nutrition breaks & delegate bag*):

Early Bird Registration: Deadline April 9, 2010			
	\$399.00 (\$380.00 + \$19.00 GST)	=	\$ _____
Regular Registration Rate: After April 9, 2010			
	\$499.00 (\$475.24 + \$23.76 GST)	=	\$ _____
Single Day Registration:	\$249.00 (\$237.14 + \$11.86 GST)	=	\$ _____
Trade Show Booth: (<i>very limited number of spaces</i>)			
	\$699.00 (\$665.71 + \$33.29 GST)	=	\$ _____

Pre-Conference Workshop (Monday, May 3, 2010):
“Working Effectively with Aboriginal Peoples™”
 \$249.00 (\$237.14 + \$11.86 GST) = \$ _____

First Annual Nanwakolas Corporate Golf Challenge (Monday May 3, 2010):
 Single: \$157.50 (\$150.00 + \$7.50 GST) = \$ _____
 Team (4): \$630.00 (\$600.00 + \$30.00 GST) = \$ _____

Golfer 1: Name/Avg. Score _____ / _____ 2: _____ / _____
 3: _____ / _____ 4: _____ / _____

Total: \$ _____

For all registration inquiries: 1-888-986-4055
For all trade show and corporate sponsorship inquiries: 604-662-4147 #22
Registration closes Monday, April 26, 2010
No refunds issued after Monday, April 12, 2010
(GST registration #84408-0028)

Please return this form with your payment to:*
Indigenous Corporate Training Inc.
Suite #325 – 3600 Windcrest Drive
North Vancouver, BC V7G 2S5
Fax: 1-888-986-4055

We accept Visa, MasterCard and PayPal. American Express is available through PayPal.

**Cheques should be made payable to C3 Alliance Corp.*

Card Number: _____ Expiry Date: _____ CVC# _____

Cardholder Name: _____ Signature: _____



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Registration Services
Provided by
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