ᐱᖕᒐᓐᓇᕐᒥᐅᑦᑑᓯᕗᓕᖅᑏᑦᑑᑲᑎᒪᓂᖕᒥᑦᑑ
Kanatam Ualliani Hivuliqtiita Katimaryuarutaa
Western Premiers' Conference

ᓄᓇᕗᑦ 2007 NUNAVUT

2007 WESTERN PREMIERS' CONFERENCE

REGISTRATION FORM | JULY 4 – 6, 2007

Participant / Familiy ** Please complete a registration form for each participant.*

Mr. ❑ **Mrs.** ❑ **Ms.** ❑ **Premier** ❑ **Minister** ❑ **Delegate** ❑ **Family** ❑

First Name ______________________________ **Last Name** ______________________________

(This name appears on the list of official delegates)

Title ______________ **Delegation** ____________ **Department** ____________ **Province/Territory** ________

Address __________________________ **City** ________________________ **Postal Code** _____ _____

Phone (____) __________________ **Cell** (____) _________________ **Fax** (____) _______________

Email ____

Personal

T-shirt: S ❑ M ❑ L ❑ XL ❑ XXL ❑ and **Jacket:** S ❑ M ❑ L ❑ XL ❑ XXL ❑

Gender: Male ❑ Female ❑

Allergies: No ❑ Yes ❑ If yes, please indicate: ____

Special Dietary Considerations: Vegetarian ❑ Other ❑ ____

Special Requirements: ____

Travel Itenerary *Iqaluit, Nunavut Canada*

ARRIVAL

Date __________________

Time __________________

FLIGHT INFORMATION

Commercial Flight Number __________________

Government Private Aircraft __________________

DEPARTURE

Date __________________

Time __________________

FLIGHT INFORMATION

Commercial Flight Number __________________

Government Private Aircraft __________________

Room Requirements

Blocks of rooms have been reserved at the Frobisher Inn in Iqaluit, Nunavut for Premiers, Ministers and delegates.

Please make hotel arrangements with the Registration Coordinator, prior to June 1, 2007.

Smoking ❑ **Non-Smoking** ❑

Information Required for Fishing License

Please provide the following information if you are planning to go to Pangnirtung for a day-trip

1. **Residence Address** __________________
2. **Mailing Address including postal code** __________________
3. **Birth date** __________________
4. **Phone number** (____) __________________

PLEASE COMPLETE AND RETURN YOUR REGISTRATION FORM BY **June 1, 2007**

Registration Coordinator P.O. Box 1000 Station 206 Iqaluit, Nunavut X0A 0H0
Telephone: (867) 975-6012 | Fax: (867) 975-6095 | Email: kjanes@gov.nu.ca

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Accompanying Person/Spouse

*Required Fields**

First Name* ______________________ **Last Name*** ______________________

Email* ______________________________________

Cell (____) ____________________

Allergies: No ❑ Yes ❑ If yes, please indicate: ______________________

Special Dietary Considerations: Vegetarian ❑ Other ❑ ______________________

Special Requirements: *(health, transportation, etc…)* ______________________

Gender: Male ❑ Female ❑

T-Shirt:
- ❑ XS (M33-35"; F 31.5-32.5")
- ❑ S (M 36-38"; F 33-35")
- ❑ M (M 39-42"; F 36-38")
- ❑ L (M 43-46"; F 39-41")
- ❑ XL (M 47-50"; F 44-45")
- ❑ XXL (M 50-53"; F 44-45.5")

Jacket:
- ❑ XS (M33-35"; F 31.5-32.5")
- ❑ S (M 36-38"; F 33-35")
- ❑ M (M 39-42"; F 36-38")
- ❑ L (M 43-46"; F 39-41")
- ❑ XL (M 47-50"; F 44-45")
- ❑ XXL (M 50-53"; F 44-45.5")

Accompanying Child #1

*Required Fields**

First Name* ______________________ **Last Name*** ______________________ **Age*** ____

Allergies: No ❑ Yes ❑ If yes, please indicate: ______________________

Special Dietary Considerations: Vegetarian ❑ Other ❑ ______________________

Special Requirements: *(health, transportation, etc…)* ______________________

Gender: Male ❑ Female ❑

T-Shirt:
- ❑ S (26-27")
- ❑ M (28-29")
- ❑ L L (30-31")
- ❑ XL XL (32-33")

Is your child interested in participating in the Youth Program for the Nunavut Component of the conference? Yes ❑ No ❑

Please indicate if you will require childcare/babysitting services for children under 5 years of age. Yes ❑ No ❑

PLEASE COMPLETE AND RETURN YOUR REGISTRATION FORM BY **June 1, 2007**

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