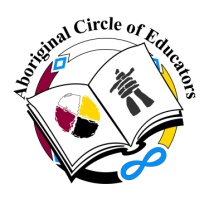
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**REGISTRATION FORM**

Registration Includes Teachings, Healthy Breaks and Feast

All Materials and Supplies are provided

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | | | |
| **Organization/School:** |  | | | |
| **Email Address:** |  | | | |
| **Phone Number:** |  | | | |
| **Street Address:** |  | | | |
| **City, Prov., Postal Code:** |  | | | |
| **Event:** |  | |  | |
| **Method of Payment:** | **Cheque/EFT:** | **Purchase Order:** | | **Invoice:** |

**Receipts will be emailed to the email address provided, unless otherwise indicated**

**Workshop Registration Fees**

**Members $300.00**

**Non-Members $350.00**

**Tobacco offerings to the animals are optional**

**For more information please Contact Deborah Clark, Executive Director, below**

*Please make cheque payable to:*

**Membership Form**

Please Indicate: New Member: \_\_\_\_\_\_ Renewal: \_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | | |
| Profession/Occupation/Course of Study: | | | |
| Place of Employment/Study: | | | |
| Address [Work/Home]: | | | |
| City, Province, Postal Code: | | | |
| Contact Numbers: | [W] | [H] | [C] |
| Email [Work/Personal]: | | | |

Optional Information:

|  |  |
| --- | --- |
| Cultural Group: | Languages Spoken: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Conference: | Awards: | Banquet: | Retreat: | Workshops: | Bingos: | Other: |
| Workshop/Seminar Ideas: | | | | | | |

**Please return to**: **Aboriginal Circle of Educators**

715 Main Street

Winnipeg, MB R3B 3N7

Email: members@aboriginalcircleofeducators.ca

Annual [July 1-June 30] Membership

**Miigwech! Boozhoo! Aaniin! Tánisi! Han! Wotziye! Hau! Merci! Thank you!**