

Community Governance Registration Form School of Community Government (S of CG) 2006-2007 – Governance Program (Sharon)



INSTRUCTIONS

- Ensure all personal information is correct.
- Confirm program schedules and delivery locations with S of CG.
- Registration fee is \$50.00 per day.

Forward registration form to:
School of Community Government,
Municipal and Community Affairs
Suite #600, 5201 – 50th Avenue, X1A 3S9
Fax (867) 873-0584

1-(867) 873-0584

FORM

FAX

Personal Information

Name: _____ o Male o Female
 Mailing Address: _____ Mailing Community: _____ Postal Code: _____
 Residing Community _____ Phone: (Home): _____ Phone: (Work) _____
 Fax No.: _____ Email: _____ Occupation: _____

Employment Information

Employer: _____ Supervisor's Name: _____
 Position: _____ Address _____ Community _____
 Postal Code _____ Phone _____ Email: _____
 STATUS: o Dene(First Nation) o Métis o Inuit o Non-Aboriginal

Workshop location : _____ **Dates :** _____

FOR SPECIFIC PROGRAM INFORMATION CONTACT: PHONE 1-877-531-9194 (toll free)

Headquarters
Sharon Morrison
 Sharon_morrison@gov.nt.ca
 Telephone: (867) 873-7059, Fax: (867) 873-0584

Beaufort/Delta Region
Yvonne Carpenter
 yvonne_carpenter@gov.nt.ca
 Telephone: (867) 777-7253, Fax: (867) 777-7352

Sahtu Region
Barry Harley
 barry_harley@gov.nt.ca
 Telephone: (867) 587-2167, Fax: (867) 587-2044

Deh Cho Region
Ron Hardisty
 ron_hardisty@gov.nt.ca
 Telephone: (867) 695-7223, Fax: (867) 695-2029

North Slave Region
Terry Testart
 terry_testart@gov.nt.ca
 Telephone: (867) 920-8079, Fax: (867) 873-0622

South Slave Region
Sabrina Broadhead
sabrina_broadhead@gov.nt.ca
 Telephone: (867) 874-5079, Fax: (867) 874-4603

SIGNATURE: I certify that the information provided is correct. If admitted, I agree to comply with any guidelines, rules, regulations and policies of the School of Community Government including those of the instructor. I also understand that my course records may be distributed to my sponsor/employer upon request.

Signature of Applicant: _____ **Date:** _____

Signature of Employer: _____ **Date:** _____

Organization of Employer: _____

INTERNAL USE ONLY:

Amount Paid: \$ _____ Payment Method: _____

FAX BACK FORM 1-867-873-0584