



GOVERNANCE
DEVELOPMENT NETWORK

Youth

Conference Registration Form

CONFERENCE PARTICIPANT INFORMATION:

Name: _____
Title: _____

First Nation Community or Organization: _____

Mailing Address: _____

City: _____ Prov: _____ Postal code: _____

Phone: _____ Fax: _____ Email: _____

**Question: If offered a mini governance workshop in your area, what would you like to see? Or
What would you like to see in a governance conference?**

PAYMENT: I am paying by: Cash _____ Cheque _____ Invoice _____

Signature: _____

Please make payment to: Governance Development Network

Governance Development Network

Phone (807) 631-5662 | Office: 807-286-7766 | Fax (807) 286-7765 | Email Mathew Lane
mlane@governancedevelopment.org