



Contractor Indigenous Awareness Registration Form

NAME: _____

TITLE: _____

HOME ADDRESS: _____

CITY/PROV: _____

POSTAL CODE: _____ **PHONE NUMBER:** _____

BIRTHDATE: _____

(PLEASE WRITE MONTH OUT - IE. JAN, FEB, ETC.)

UNION LOCAL : _____
(if applicable)

EMAIL ADDRESS: _____

COMPANY NAME : _____

COMPANY ADDRESS: _____

CITY/PROV: _____

POSTAL CODE: _____

What course will you be attending:

Friday, February 12th, 2021 from 9am - 12:00 pm

Friday, March 12th, 2021 from 9:00 am - 12:00 pm