

Community Governance Registration Form
School of Community Government (S of CG)
2005-2006



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

BACK

FAX

Name: _____ o Male o Female

Student Identification Number _____

Mailing: _____ Postal Code: _____

Phone: (Work) _____ (Home): _____

Fax No.: _____ Email: _____

Employer: _____ Position: _____

Employer's Address _____ Employer's Phone Number _____

*Optional Information

STATUS: o Dene o Métis o Inuit o Inuvialuit o Non-Aboriginal o No Answer

Workshop location : _____

Type : __ Organization, __ Community, __ Regional, __ Territorial

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

Headquarters
Sharon Morrison
 Sharon_Morrison@gov.nt.ca
 Telephone: (867) 920-6105, Fax: (867) 873-0584

Beaufort/Delta Region
Mandie Abrams,
 mandie_abrams@gov.nt.ca
 Telephone: (867) 777-7253, Fax: (867) 777-7532

Sahtu Region
Barry Harley
 TONY_GRANDJAMBE@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
Patrick Scott
 patrick_scott@gov.nt.ca
 Telephone: (867) 920 8066, 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