

FAX-BACK REGISTRATION FORM 1-866-462-7648



7th Annual NATOA

Indigenous Trust and Investment Conference

September 28-29, 2020 | Sheraton Suites Calgary Eau Claire | Calgary, AB

DELEGATE INFORMATION (one form per delegate, please print clearly)

First Name _____ Last Name _____

Organization _____ Position _____

Address _____

City _____ Province/Territory _____ Postal Code _____

Telephone (_____) _____ Fax (_____) _____

Email _____

CONFERENCE FEES

Fee includes workshop materials, daily lunches and refreshments.

*NOTE: Registration fees for AFOA BC Members is the same as a NATOA Member. If you are an AFOA BC Member, please choose 'NATOA Member'.

- ☐ Indigenous NATOA Member* \$900
- ☐ Indigenous Non-NATOA Member \$1,300
- ☐ Industry NATOA Member** \$1,200
- ☐ Industry Non-NATOA Member \$1,700
- ☐ Youth / Elder NATOA Member \$750

* A Trustee or Council who may or may not be Indigenous

** A for-profit organization who is Indigenous or non-Indigenous

Do you have any dietary restrictions? ☐ Yes ☐ No

If yes, please indicate: _____

TRADE SHOW BOOTH

- ☐ Industry NATOA Member \$1,000
- ☐ Arts & Crafts Vendor \$450

Note: Industry delegate fees are extra unless a sponsor.
Vendors who wish to attend sessions must pay delegate fees.

CANCELLATION POLICY

☐ I understand and agree to this cancellation policy.

Cancellation may be requested in writing **before March 4, 2020**. A refund will be processed in the same manner it was received. A processing fee of 25% will be deducted; cancellation requests received after the cancellation date may not be entitled to a refund. Name changes will be subject to a \$75 fee per name. Unpaid delegates will be removed from the registration list seven (7) days prior to event day. Send your cancellation/name change request to: Michele Young-Crook via email to: michele@natoa.ca

☐ I wish to NOT be listed or identified in NATOA marketing.

ACCOMMODATIONS AND TRAVEL

Sheraton Suites Calgary Eau Claire
255 Barclay Parade SW, Calgary, AB T2P 5C2
Phone: (403)266-7200

METHOD OF PAYMENT

Total Payable: \$ _____

If you require an invoice or wish to pay by cheque, please contact
Viktoriya Zadorozhna by email at viktoriya@natoa.ca

☐ CREDIT CARD

Card Type: ☐ Visa ☐ Master Card ☐ American Express

Cardholder Name (as shown on card) _____

Card Number _____

Expiry Date (mm/yy) ____/____ CVV: _____

Authorized Amount \$ _____

Please fax completed form to 1-866-462-7648 or scan and email to
NATOA@GoToRegister.ca



For more information:

Fax: 1-866-462-7648

Email: NATOA@GoToRegister.ca

Web: www.GoToRegister.ca/NATO A