



Nishnawbe Women's Wellness & Home Based Business Workshop



**Location: Sunset Suites
Sioux Lookout, Ontario**

March 24 - 26, 2010

REGISTRATION FORM

Date: _____

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

First Nation/ Organization representing: _____

Travel Air (List airline: _____)
 Car (if driving, mileage will be provided, Maximum of airfare equivalent, whichever is lower)
 Kilometres from your community to Sioux Lookout: ___ km

Accommodations:

Preference: Smoking Non-smoking
 Main floor Doesn't matter Other: _____

For more information, Contact:

Karen or Jennifer at Equay-wuk (Women's Group)
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