



# MATAWA HEALTH CO-OPERATIVE



## REGISTRATION FORM MATAWA HEALTH FORUM Thunder Bay, Ontario February 4-6, 2020

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_

Community: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Allergies/Dietary Needs: \_\_\_\_\_

### TRAVEL

Travel Method (*check one*)    Air    Vehicle    I do Not Require Travel & Accommodations

Depart From: \_\_\_\_\_ Traveling to: \_\_\_\_\_

Depart Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

### ACCOMMODATIONS

(a room block has been booked at the Valhalla Inn)

Check In: \_\_\_\_\_ Check Out: \_\_\_\_\_

For more information or to submit registration form, please contact:

**Serene Spence, Conference Coordinator**

Phone: (807) 344-4575

Email to [sspence@matawa.on.ca](mailto:sspence@matawa.on.ca)



- CIRCLE OF BELONGING -