



MATAWA HEALTH CO-OPERATIVE



BOOTH REGISTRATION FORM

MATAWA HEALTH FORUM

Thunder Bay, Ontario February 4-6, 2020

COMMUNITY/ORGANIZATION INFORMATION

Primary Contact: _____

Community: _____ Position: _____

Phone: _____ Email: _____

Allergies/Dietary Needs: _____

There is a \$150.00 vendor fee.

Please make a cheque payable to Matawa Health Co-operative.

This is an application process to exhibit at the upcoming Matawa Health Forum. All exhibitor registrations will be reviewed by Matawa staff and a confirmation will then be sent to all who qualify.

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

Serene Spence, Conference Coordinator

Phone: (807) 344-4575

Email to sspence@matawa.on.ca



- CIRCLE OF BELONGING -