

PARTICIPANT Registration Form
AFOA Canada National Conference - October 8-10, 2019
TCU Place - Saskatoon, Saskatchewan



1 - PARTICIPANT (email your completed form to conference@afoa.ca or fax it to 1-866-775-9569 or 819-827-4630)

First Name: _____ Last Name: _____

Title: _____

Organization: _____

Division: _____

Address: _____ P.O. Box/ Suite / etc.: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____ Email: _____

2 - REGISTRATION FEES

The "Full Conference" package includes all sessions, 2 receptions, 2 continental breakfasts, 2 lunches and 1 dinner.

- Conference Regular Rate (as of August 31, 2019)
AFOA Canada Member \$840 Non-member \$1040
- Thursday, October 10 Reception/Dinner ticket for guest \$125
- Student (full conference) \$175*
* Rate is for **full-time** students only - student photo ID is required

3 - AFOA CANADA MEMBERSHIP

- If you are not a member of AFOA Canada, you may join by completing the reverse side and include payment below.
- If you are a member of AFOA Canada, you will have received your invoice in October to renew your membership. If you have not renewed your membership yet, please renew using the reverse side with the exception of CAFMs and CAPAs.

4 - PAYMENT / PAYMENT METHOD

Conference Registration Fee	\$ _____
Dinner ticket for GUEST (if needed)	\$ _____
Add 5% GST	\$ _____
Sub-Total	\$ _____
Membership Fee Total (see reverse)	\$ _____
TOTAL	\$ _____

Note: The conference is being held in Saskatchewan where GST is applicable. If your Indian band is GST/HST exempt, please provide a copy of your exemption certificate with your registration form. AFOA Canada HST/GST number 883195927RT001. **A personal status card is not a valid document for tax exemption for this conference.**

Cheque (payable to AFOA Canada) VISA Mastercard Amex

Card Number _____

Exp. Date _____

Name of Cardholder _____

Signature _____

5 - MOBILE APP

May we include your email address on the list of participants on the conference mobile APP? yes no

6 - CANCELLATION / SUBSTITUTION

Cancellation of registration must be sent by email to conference@afoa.ca. Cancellations will be accepted until September 12, 2019 for a full refund. A \$300 fee will apply for cancellations received between September 13 and 27, 2019. No refund for cancellations received after September 27, 2019 or for no-shows at the conference. Substitutions are accepted at any time and will be required to pay the fee difference if necessary.

7 - ACCOMMODATION

We have negotiated discounted room rates at various Saskatoon hotels. Please contact the hotel of your choice directly and refer to AFOA 2019 to make your reservation.
Sheraton Cavalier - \$175 to \$195/night
Telephone: 1-306-652-6770
Hilton Garden Inn - \$179 to \$189/night
Telephone: 1-306-244-2311
Holiday Inn Downtown - \$174/night
NOTE: October 8, 9 and 10 ONLY
Telephone: 1-306-986-5000

8 - INFORMATION / MAILING ADDRESS

AFOA Canada
#301 - 1066 Somerset Street West
Ottawa, ON K1Y 4T3
Email: conference@afoa.ca
Tel Conference Secretariat: 1-866-775-1817
Tel AFOA Canada: 1-866-722-2362

Important notice: By registering for the AFOA Canada National Conference, you agree to allow AFOA Canada to use photographs / videos in which you may appear in all media formats worldwide.

Visit www.afoa.ca today!



Return the completed Membership Application form to AFOA Canada by mail, fax or email to:

AFOA Canada
1066 Somerset Street West, Ottawa, ON K1Y 4T3
Fax: (613) 722-3467 Email: info@afoa.ca

Contact Information

Mr Ms Mrs Name _____ Designation(s): _____

HOME Address _____ City _____ Prov _____ PC _____

Home Phone (____) _____ Cell (____) _____ Home Email _____

ORGANIZATION Name _____ Title _____

Organization Address _____ City _____ Prov _____ PC _____

Work Phone (____) _____ Cell (____) _____ Work Email _____

Additional Information Required

Please send correspondence to: Home Organization

Language of Preference: English French

Are your dues paid by: Employer Self

Optional Information

Are you: First Nations Métis Inuit Non-Indigenous

What age category applies to you?: 18 or less 19 to 29
 30 to 39 40 to 49 50 to 64 65 +

Consent for Collection, Use and Disclosure of Information

Yes By selecting YES, I consent to the collection, use and disclosure of my personal information during the course of my membership for the purposes set out in the AFOA Canada Privacy Policy, a copy of which is available on the AFOA Canada website.

No By selecting NO, I consent to the use of my personal information only for the purpose of permitting AFOA Canada and/or AFOA Chapters to communicate with me.

Condition of Membership—Membership runs from January 1st to December 31st

A condition of membership in AFOA Canada requires all applicants to join the AFOA Chapter located in the applicant's province/territory where one exists. AFOA Chapters are currently in operation in Alberta, Atlantic, British Columbia, Manitoba, Nunavut, Ontario, Québec and Saskatchewan.

Please note that memberships are non-transferable

Membership Categories

	Regular	Student	Retired	Elder
AB	<input type="checkbox"/> \$385	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$30	<input type="checkbox"/> \$25.00
ATL (NL, NB, PE, NS), MB, ON & SK	<input type="checkbox"/> \$310	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$30	<input type="checkbox"/> \$25.00
BC	<input type="checkbox"/> \$410	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$30	<input type="checkbox"/> \$25.00
NT & YT	<input type="checkbox"/> \$160	<input type="checkbox"/> \$12.50	<input type="checkbox"/> \$15	<input type="checkbox"/> \$12.50
NU & QC (includes Labrador)	<input type="checkbox"/> \$260	<input type="checkbox"/> \$25.00	<input type="checkbox"/> \$30	<input type="checkbox"/> \$25.00

Include Documentation

Membership Fees Due

Amount Due \$ _____

REGULAR DUES:
for AB, BC, MB, SK = 5% GST
for NT, NU, ON, QC & YT = 13% HST
for NB, NL, NS & PE = 15% HST

STUDENT, RETIRED & ELDER DUES = 13% HST

Total Due (Transfer amount to \$ _____)

Payment Options

I am paying by Cheque Enclosed Invoice me VISA MasterCard American Express

Credit Card Number: _____ Expiry (mm/yy): _____ / _____

Cardholder Name: _____ Signature: _____

I would like to make a donation to the Indigenous Learning Centre (ILC) in the amount of *: \$ _____

*A tax receipt will be provided at calendar year-end for donations \$25 and more, upon request.

By selecting this box, the above noted member is consenting to receiving updates and promotions regarding the Association by mail and electronically (emails and newsletters) from AFOA Canada. You may withdraw your consent at any time.

I hereby submit my application for membership with AFOA Canada and the AFOA Chapter, where applicable. I agree to be bound by the AFOA Canada Membership Code, a copy of which is available by request or on the AFOA Canada website.

Applicant's Signature _____ Date _____

AFOA CANADA

1066 Somerset Street West, Suite 301
Ottawa, ON K1Y 4T3

www.afoa.ca

Tel 1-613-722-5543
Toll Free 1-866-722-2362
Fax 1-613-722-3467



National 2019