## **CONFERENCE REGISTRATION FORM**

## INSTRUCTIONS

Please fill in the shaded areas, save the file as "yourname-registration.doc", and send the file to Rachel Link at <a href="rlink@uvic.ca">rlink@uvic.ca</a>. Your registration is complete only once you receive email confirmation. As space is limited, a wait list will be kept. All registrants will be contacted two weeks before the conference to confirm their attendance. Any registrants that do not confirm their attendance within a week will be unregistered to make room for people on the wait list. If you have any questions, please contact Rachel Link via email (<a href="rlink@uvic.ca">rlink@uvic.ca</a>) or telephone (250-853-3115).

| PART I. CONTACT INFORMATION                                       |                   |
|---|-------------------|
| Title: Dr. Given Name:  | Family Name:      |
| Address:  |                   |
| City:   | Province/State:   |
| Country:  | Postal/ZIP Code:  |
| E-mail:   | Telephone Number: |
|   |                   |
| PART II: BASIC INFORMATION  |                   |
| Occupation:   |                   |
| Other organizational affiliation:                                 |                   |
| Are you currently a student? Yes No No                            |                   |
| If yes, describe the program you are currently enrolled in:       |                   |
| Do you identify yourself as having Aboriginal heritage? Yes No No |                   |
|   |                   |