

## Aaqitauvik Healing Centre

## **EVENT REGISTRATION FORM** ☐ Conference/Seminar Healing Workshop **REGISTRATION FOR** ☐ Institutional Workshop ☐ Front-Line Worker Training Name of Event: Location: Dates: \_\_\_\_ Name of Registrant: # and Street Name/PO Box Community Province Postal Code Telephone #: (\_\_\_\_\_) \_\_\_\_=\_\_\_ Cell#: ( \_\_\_\_\_) \_\_\_-Fax #: (\_\_\_\_\_\_) \_\_\_\_-\_\_\_ E-Mail: \_\_\_\_\_ Marital Status: Single\_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced\_\_\_\_\_ Address During Event (If known): Host/Hostess: # and Street Name/PO Box Community Province Postal Code Phone # of Host/Hostess: (\_\_\_\_\_) \_\_\_\_-\_\_\_ **Emergency Contact:** Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_ Daytime Telephone: ( ) -Evening Telephone: ( ) -CONSENT AHC would like to use to use your testimony of what has taken place in your life through this workshop/conference. Your name or photo will not be used. Please sign your name below to consent to your full/part testimony, being used for promotional purposes.

➤ Please return form to AHC by email @ manager@aaqitauvik.ca or Mail to AHC at PO Box 39, Quaqtaq, QC JOM 1J0