



**5TH ANNUAL ABORIGINAL YOUTH, VIOLENCE & CHANGING TIMES
TRAINING CONFERENCE**

"Ending Violence - Strengthening the Circle"

March 14 - 17, 2007

Saanich Fairgrounds Victoria BC

PRESENTERS FORM

Name: _____ **Title:** _____

Organization: _____

Address: _____

Business Phone: _____ **Home/Cell Phone:** _____

Fax: _____ **Email Address:** _____

Workshop Title: _____

Abstract of Workshop: (Description in 50 words or less. Please print or type)

Brief Biography: (Description in 50 words or less, may be changed to fit in the section. Please print or type and attach resume)

Preferred Presentation Day & Hours: (Please note your preference: AM or PM)

_____ Thursday March 15, 2007 _____ Friday March 16, 2005 _____ Saturday March 17, 2007

Preferred No. of Hours: _____ 1.5 hrs. _____ 2 hrs. _____ Max. # of Delegates

Room Set Up: Round Tables will be the standard set-up; however, you are welcome to change it as needed.

Audio Visual Equipment Required: _____ VCR & Monitor _____ Flip Chart & Paper

_____ Overhead Projector & Screen _____ Audio Tape Recorder

Note: Unfortunately, we are unable to provide LCD projectors and computers.

PLEASE FAX FORM IMMEDIATELY TO: FIRST NATIONS TRAINING & CONSULTING SERVICES



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