



# Aboriginal Youth Violence & Changing Times Training Conference

"Ending Violence-Strengthening the Circle"

Saanich Fairgrounds, Victoria BC, March 14-17, 2007

## REGISTRATION FORM

Name	
Title	
Organization	
Mailing Address	

Phone	Fax	Email
_____	_____	_____

Special Dietary/Mobility Requirements:  
\_\_\_\_\_

How Did You Hear About The Conference?  Fax  Mail  Newspaper  Email  Previous Delegate  
 FNTCS Website  Other (specify): \_\_\_\_\_

### FEES

#### Early Registration Fee (payment received by February 2, 2007)

\$395.00 + \$23.70 GST = \$418.70 (20 yrs. & over)	\$
\$195.00 + \$11.70 GST = \$206.70 (under 20 yrs.)	\$
<b>Total:</b>	<b>\$</b>

#### Regular Registration Fee (payment after February 2, 2007)

\$495.00 + \$29.70 GST = \$524.70 (20 yrs. & over)	\$
\$295.00 + \$17.70 GST = \$312.70 (under 20 yrs.)	\$
<b>Total:</b>	<b>\$</b>

#### Special Group Rate: includes 1 Chaperone for every 3 Youth. (Until February 2, 2007)

\$ 900.00 + \$54.00 GST = \$954.00	
<b>Total:</b>	

Youth #1:	Youth #2:	Youth #3:	Chaperone:

Registration fee includes workshops & plenary sessions, daily refreshments, 2 Lunches, and Banquet & Entertainment on Fri. March 16, 2007; includes transportation to and from designated hotels in Saanich, Sidney and Victoria areas. Deadline to Register: March 2, 2007. Cancellation Policy, 75% of registration fee will be refunded up to Feb. 21, 2007. No refunds for cancellations received after Feb. 21, 2007. However, registration may be transferred to another delegate. Please remember that if attending P.A.R.T.Y. Program, enclose a copy of the Parental Permission Form signed and bring the *Original* to the conference.

Transportation Required  Yes  No Name of Motel For Pick Up & Drop Off: \_\_\_\_\_

*Disclaimer: First Nations Training & Consulting Services will not accept any responsibility or liability for youth, all youth must have written, signed consent from parent or guardian permission to attend the Conference.*

<b>Payment By Courier:</b> First Nations Training & Consulting Services 1164 Stelly's Cross Road, Brentwood Bay BC, V8M 1H8	<b>Payment By Mail:</b> First Nations Training & Consulting Services PO BOX 5000, Saanichton BC, V8M 2C5
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For more information please contact  
**First Nations Training & Consulting Services**  
 Tel. (250) 652-7097 Fax. (250) 652-7039 Email: [fntcs@telus.net](mailto:fntcs@telus.net)  
 Website: [www.firstpeoplescanada.com](http://www.firstpeoplescanada.com)



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**P.A.R.T.Y. Program Parental Permission Slip**

Dear Parent or Guardian:

Your teenager will be attending the P.A.R.T.Y. Program (Prevent Alcohol and Risk Related Trauma in Youth) at the Victoria General Hospital. The P.A.R.T.Y. Program is an injury prevention program aimed at teens, to help educate them about the consequences of poor decision-making in relation to risk-taking behaviors such as: drinking and driving, lack of seat belt use and not wearing a bike helmet.

We bring youth to the hospital for them to experience the process a trauma patient goes through, from the crash scene to rehabilitation. Some of the presentations provide frank explanations and show graphic photos. If your youth has recently experienced the death of a family member or friend, or any significant traumatic incident, it may not be appropriate for your teen to attend. Please carefully consider any possible negative impacts before allowing your youth to participate in this reality-based education.

Please sign the Parental Permission Slip and return a copy of the Permission Slip to First Nations Training & Consulting Services along with the Registration Form. Please note, that the youth will be required to present the *original* Parental Permission Slip prior to entering the P.A.R.T.Y. Program site.

If you have any questions or would like more information please do not hesitate to contact our office (250) 652-7097.

Thank you.  
 Yours in Sisterhood and Unity

Edith Loring-Kuhanga, President

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 (Detach and sign, return to First Nations Training & Consulting Services with Registration Form and Payment)

My youth, \_\_\_\_\_ may participate in The P.A.R.T.Y. Program.

About Media Publication

- I give permission
- I do not give permission

For my youth to be included in any media publication while participating in the P.A.R.T.Y. Program. This may include, but is not limited to, photos posted on our conference website.

Emergency Contact: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Chaperone's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_