

School of Community Government (SCG) Registration Form



INSTRUCTIONS

- Ensure all personal information is correct.
- Confirm course dates and locations with SCG.
- Applicants are responsible for contacting their sponsoring Agency.
- Submit Fees: Course(s) \$50/day to a maximum of \$ 300.00
Workshop(s) \$ 50.00/day
- Space is usually limited to a maximum of 15 participants.

FEE PAYMENT

Cheque or money order payable to:
Government of the Northwest Territories

Forward registration form and cheque or money order to:
School of Community Government,
Municipal and Community Affairs
Suite #600, 5201 – 50th Avenue, X1A 3S9
Fax (867) 873-0584

Personal Information – Please Print

Name: _____ Male Female
 Mailing Address _____ Community: _____ Postal Code: _____
 _____ Phone: (Home): _____ Phone: (Work) _____
 Fax No.: _____ Email: _____ Occupation: _____

Employment Information

Employer: _____ Supervisor's Name: _____
 Supervisor's Position: _____ Address: _____ Community: _____
 Postal Code: _____ Phone: _____ Email: _____
 STATUS: Dene (First Nation) Métis Inuit Non-Aboriginal

Name of Program:

Course Title	Dates (call to confirm)	Location (call to confirm)

Please call the School of Community Government to confirm course dates and location. Courses may be cancelled within 6 days of the start date if there are insufficient registrations.

Students are expected to and are responsible for attending the full course. Students in Airports training courses are required to attend 100% of the course to receive any reimbursement.

FOR FURTHER PROGRAM INFORMATION CONTACT:

School of Community Government
 Yellowknife
 Phone: (867) 920-3159
 Fax: (867) 873-0584

Beaufort Delta Region
 Inuvik
 Phone: (867) 777-7312
 Fax: (867) 777-7352

Sahtu Region
 Norman Wells
 Phone: (867) 587-7100
 Fax: (867) 587-2044

Deh Cho Region
 Fort Simpson
 Phone: (867) 695-7223
 Fax: (867) 695-2029

South Slave Region
 Fort Smith
 Phone: (867) 872-6525
 Fax: (867) 872-6526

North Slave Region
 Yellowknife
 Phone: (867) 920-8066
 Fax: (867) 873-0622

Signature of Employer: _____ **Date:** _____

Organization of Employer: _____

Signature of Student: _____ **Date:** _____

FAX BACK FORM (867) 873-0584