ᐊᑕ! ᐱᕙᓪᓕᐊᓂᕗᑦ

Listen! Our Progress

ᐃᓚᐅᔪᒪᔪᑦ/Participant

ᐊᑏᑦ Name:_____ ᖃᕋᓴᐅᔭᒃᑯᑦ ᑐᕋᕈᑏᑦ:Email:_____

ᐅᖃᓚᐅᑏᑦ: Phone #:_____ ᑐᕋᕈᑏᑦ:Address:_____

ᐃᓚᐅᔪᒪᒐᔭᖅᐳᖕᒐ (ᐊᓈᖃᑎᒌᓂᖅ, ᐱᕙᓪᓕᐊᓂᕆᔭᕗᑦ)

I would like to register for:

ᐊᓈᖃᑎᓂᖅ ᐅᖃᐅᓯᓕᕆᓂᕐᒧᑦ Language Arts Conference

- ☐ ᑐᓴᔨᐅᕗᖕᒐ I am an Interpreter
- ☐ ᐃᓄᒃᑎᑐᓕᖅᑎᕆᔨᐅᕗᖕᒐ I am a Translator
- ☐ ᐃᓄᒃᑎᑐ ᐃᓕᓴᐃᔨᐅᕗᖕᒐ I am an Inuktitut teacher
- ☐ ᐃᓄᖕᓄ ᐅᖃᐅᓯᓕᕆᓂᕐᒥᑦ ᐃᓕᒃᑲᓐᓂᕈᒪᕗᖕᒐ I am Interested in Inuit Literature

ᐃᓚᐅᔪᒪᕗᖕᒐ ___ᓇᒐᔾᔭᐅMon ___ᐊᐃᑉᐸᑏTues ___ ᐱᖕᒐᔪᐊ Wed

ᑕᑯᕙᒃᓴᓕᐊᕗᑦ ᐱᙳᖅᑎᑦᑎᖃᑎᒌᓂᖅ Creators Conference

- ☐ ᓴᓇᐅᒐᓕᐅᖅᑎᑦ/ᐱᙳᖅᑎᑦᑎᔨ I am an Artist/Creators
- ☐ ᓴᓇᐅᒐᓕᐅᕐᓂᕐᒧ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᕗᖕᒐ I am an Arts Worker
- ☐ ᐃᓄᐃᑦ ᓴᓇᐅᒐᙱᓐᓂ ᐃᓕᒃᑲᓐᓂᕈᒪᕗᖕᒐ I am interested in Inuit Art

ᐃᓚᐅᔪᒪᕗᖕᒐ ___ ᐱᖕᒐᔪᐊ Wed ___ᕿᑎᖅᑯᑏThurs ___ ᐅᓪᓗᑐᐃᓐᓇᖅFri

ᑐᑭᓯᐊᔪᖕᒐ ᐊᑭᓕᖅᓱᖅᑕᐅᔫᖕᒋᓐᓇᒪ. ᐃᓚᐅᑎᓪᓗᖕᒐ

As a participant I understand I am respondsible for my own expenses .

- ☐ ᖃᕋᓴᐅᔭᒃᑯᑦ ᐃᓚᐅᔪᒪᒐᔭᖅᑐᖕᒐ. I would like to attend virtually

ᐊᑏ ᑎᑎᕋᕐᓗᒍ Name Printed: _____

ᐊᑎᓕᐅᕈᓯᑦSignature:_____ᐅᓪᓗᖕᒐ Date:_____

ᐊᐱᖅᑯᑎᒃᓴᖃᕈᕕᑦ ᐅᖃᓚᓗᑎᑦ ᔭᐃᓐ If you have any questions please call Jane 613-809-5360