



Four Arrows Regional Health Authority Inc.
200-338 Broadway
Winnipeg, Manitoba
R3C 0T2
Phone Number: 204-947-2397
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VENDOR REGISTRATION FORM

Indigenous Food Sovereignty Summit 2018

Date: June 19, 20 and 21, 2018

Location: Canad Inns Destination Center Club Regent Casino Hotel

Company/Organization _____

Name: _____

Address: _____

City: _____ Province _____ Postal Code: _____

Telephone : Cell _____ Work _____

Email _____

Website _____

What is this the purpose of this vendor table?

- Sales: Artisanal
- Sales: Other (Please specify) _____
- Organization/Project Information _____
- Other (Please specify) _____

Registration Fee for Vendor Table - \$50.00

“Please make Cheque payable to “ Four Arrows Regional Health Authority”

Please email (cmharper@fourarrowsrha.ca) or fax registration form prior to June 13th

Payment in cash or cheque will be accepted on-site.