Ktunaxa Canfor Joint Business Match-Up

Business Match-Up Registration

Business Information

Business Name : _____

Main Contact: _____ Date: _____
First *Last*

Address: _____
Street Address *Apartment/Unit #*

_____
City *Province* *Postal Code*

Phone: _____ Email _____

Percentage Ktunaxa Business Ownership _____

Nature of Goods or Services

_____
_____
_____
_____
_____
_____
_____
_____
_____

Attendee Information

Will you be attending the lunch? YES ☐ NO ☐ # of Attendees for Lunch

List ALL individuals who will be attending with your business: (Write on back if more than four attendees)

Full Name: _____ Title: _____

Full Name : _____ Title: _____

Full Name: _____ Title: _____

Full Name : _____ Title: _____

EMAIL COMPLETED REGISTRATION TO rphillips@ktunaxa.org, or drop off at the Ktunaxa Nation Government Building no later than April 8, 2015.