

Northern Ontario Aboriginal Diabetes Initiative
Workshop Application Form
Centralized Community Mobilization
Facilitated by Alex McComber

*If your community/organization would like to attend, provide the information for the two applicants.
Also, provide the names of possible back-up applicants.*

Applicant 1

Name: _____

Position Title (e.g. Health Director, Diabetes Worker, CHR, etc.): _____

Community/Organization : _____

Contact Phone Number: day: _____ evening: _____

Email : _____

Hotel Room: smoking (if available) or non-smoking _____

Travel: flight (airline, dates, times) _____

Or Drive: (total number of km both ways; put "0" if someone else is driving) _____

Food Allergies/Other Comments: _____

Applicant 2

Name: _____

Position Title (e.g. Health Director, Diabetes Worker, CHR, etc.): _____

Community/Organization : _____

Contact Phone Number: day: _____ evening: _____

Email : _____

Hotel Room: smoking (if available) or non-smoking _____

Travel: flight (airline, dates, times) _____

Or Drive: (total number of km both ways; put "0" if someone else is driving) _____

Food Allergies/Other Comments: _____

Back-up Applicant 1

Name: _____

Contact Email: _____ Phone: _____

Back-up Applicant 2

Name: _____

Contact Email: _____ Phone: _____

Please fax your application form to the NDHN at 1-807-623-5454 or email it to
AboriginalDiabetes@ndhn.com by March 25, 2011