NDHN
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Northern Ontario Aboriginal Diabetes Initiative

Workshop Request Form

Craving Change™

Facilitated by Dr. Colleen Cannon

Contact information

Name of Aboriginal Community/Organization: _____

Name of Contact Person: _____

Phone Number of Contact Person: day: _____ evening: _____

Email of Contact Person: _____ Fax of Contact Person: _____

Request details

Planned number of participants: _____

Planned workshop location (provided by community/organization): _____

_____

Travel arrangements for presenters

Accommodation (indicate what will be made available):	hotel	☐	billeted	☐
Meals (indicate what will be made available):	restaurant	☐	provided	☐
Available travel from nearest airport (if applicable):	taxi	☐	provided	☐

Comments

_____

_____

Please fax your request to the NDHN at 1-807-623-5454

NDHN/NOADI/F005