

*North Eastman Health Association
Aboriginal Workforce Strategy*

**Aboriginal Cultural Awareness Workshop
Registration Form**

Tuesday October 25th , 2011

Forward your completed registration form to us as soon as possible. Your workshop date will be confirmed with you. This workshop will only be held at the PINE FALLS Multi-Purpose Room, Main Floor, 37 Maple Street. Time: 09:00 hours to 16:30 hours. Please clear your calendars for the whole day!

Name: _____ Employee ID#: _____
Home Address: _____ Postal Code: _____ Home Ph.#: _____
Position: _____ Department: _____
Organization: _____ Address: _____ Postal Code: _____
Work Ph.# _____ Fax #: _____ Email: _____

Please forward to your manager/ supervisor for signature along with a completed “Request for Continuing Education Attendance” form (Policy 5-15).

Manager/Supervisor Name: _____ Ph.# _____
Position: _____
Department/Facility: _____
Manager's Signature: _____



Please send your completed registration form to:
North Eastman Health Association
Corporate Office, Pinawa
Attn: Susan Peitsch
Email: speitsch@neha.mb.ca
Telephone: (204) 753-3122 Fax (204)753-2015