



NOMINATED ELDER APPLICATION

*You have been invited to attend and participate in the First Nations Leading the Way 7 conference at the Edmonton Convention Centre in November 2024. As travel and accommodations costs are covered by the organizers, we kindly ask that Elders aim to participate in the event to the fullest. Please ensure your details match your legal name and bank details, for travel purposes and as cheques for per diems will be given to Elders at the conference. Per diems (meal allowance) will be provided based on travel on November 26th and November 28th. To ensure smooth participation, please fill out the following form in detail so we can arrange your participation. **Incomplete forms will not be accepted.***

Contact Information

First Name (legal)		Sur Name (legal)	
Date of birth			
Title		Phone Number	
Email Address			
Mailing Address			
First Nation (for name tag)			
First Nation contact name		First Nation contact phone number	

Travel & Accommodations

Please arrange travel to arrive before for 5:00 pm (MT) Tuesday, November 26th and depart after 3:00 pm on Thursday, November 28th. For those in transit over 7 hours one-way, or requiring overnight stops, the organizers can offer to cover additional nights at the hotel by written request. Please ensure if your Nation is organizing your travel to send us your flight itinerary to process your per diems cheque.

Will your Nation arrange your travel and accommodations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNSURE
If no, what method of travel will you require?	<input type="checkbox"/> DRIVING	<input type="checkbox"/> FLIGHT	<input type="checkbox"/> TRAIN/OTHER
Do you have a preference for flight times?	<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> NONE
Do you have any flight preferences?			

Please confirm if we should include you in the Courtyard by Marriott room block.	<input type="checkbox"/> YES - please include me	<input type="checkbox"/> NO - my Nations will organize my accommodation	
Will you require additional nights for your travel?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Health & Wellness			
Do you have any dietary restrictions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, please detail			
Do you have any health concerns we should be aware of?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, please describe			
Do you have any mobility requirements we need to accommodate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, please detail			
Emergency contact name		Emergency contact phone number	
Signature			
<i>I confirm that I have read the following in detail and provided responses to the best of my knowledge. I take full responsibility if my travel and accommodations have not been booked.</i>			
Signature		Date	