|  |  |
| --- | --- |
|  | 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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

## 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.