



TOGETHER TODAYÖ FOR OUR CHILDREN TOMORROW

COUNCIL OF YUKON FIRST NATIONS

2166-2ND AVENUE, WHITEHORSE, YUKON, Y1A 4P1
TEL:(867)393-9200 FAX:(867)668-6577 WEB:WWW.CYFN.CA

Yukon First Nation Education Summit
Westmark Whitehorse, Ballroom
March 1st & 2nd, 2016

Registration

The Council of Yukon First Nations (CYFN), is holding a 2 (two) day **Yukon First Nation Education Summit** at the Westmark Whitehorse Ball Room. The event will take place on March 1st and 2nd, 2016.

Yukon First Nation Chief and Council members, First Nation Education Commission and First Nation staff, delegates, Elders, youth and community members are invited to attend the event, as well as invited representatives from the Department of Education, Yukon Teachers Association, Association of Yukon School Boards and Committees and Indigenous and Northern Affairs Canada.

CYFN will cover the travel and accommodation costs for four delegates, including First Nation Education Commission members.

Rooms

CYFN has a block of rooms held at:
The Westmark Whitehorse (under CYFN022916)
201 Wood Street (at 2nd Avenue)
(867) 393-9700

- Reservations will be made by calling **867-393-9700** or faxing **867.668.2789** or e-mail voosterbosch@hollandamerica-princess.com
- Guests must identify name of group **CYFN022916** at the time of booking.
- All reservations must be made by **Feb 24th**.

Please return the completed registration form to the Council of Yukon First Nations, Education Department by fax at: (867) 668-6577 or by email to rose.sellars@cyfn.net.

The registration form is due on or before February 23, 2016.

The agenda for the event will be distributed in the near future.

If you have any questions, please call: **Jennifer at (867) 393-9239.**

Thank you.

Yukon First Nation Education Summit – Registration Form

Please return by fax or by email on or before February 23rd, 2016.

CYFN Fax Number is 867-668-6577 / email: rose.sellars@cyfn.net

NAME of Participant: _____

Name of Organization: _____

Phone: _____

Fax: _____

Address: _____

Email: _____

For Funded Participants:

Education Director Approval: _____

Accommodation: Westmark Hotel _____ Private _____

DATE: CHECK IN _____ **CHECK OUT** _____

TRAVEL: DRIVING Yes _____ No _____ Carpooling _____ Fleet Vehicle _____

From _____

FLIGHT (Old Crow/Dawson) Yes _____ No _____

COMMENTS: *(example: any food allergies or special requirements)*

