Registration Form

Name of Participant (please circle family name)___________________________________________

Name of Organization______________________________________________________________

Postal Address  ___________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Phone # (Include Country and Area Code) ______________________________

Fax # (Include Country and Area Code) ______________________________

E-Mail Address ______________________________

Citizenship ________________________________________________________________

Professional occupation _________________________________________________________

Number of years working in this occupation _____

Years of experience in community-based resource management (check the appropriate box):
- 0-5 years
- 6-10 years
- 11-20 years
- More than 20 years

The nature of the organization for which I work is (check the appropriate box and complete the sentence):
- Community-Based Organization with programming in _________________________________
- Non-Governmental Organization with programming in _________________________________
- Government Organization with the department of ________________________________
- Research Institution focusing on _____________________________________________
- Church-Based Organization with programming in _________________________________
- Co-operative focusing on ______________________________________________________
I am willing to make a presentation (a paper, a case study, a particular challenge or success, etc.) at the Institute in the following community-based resource management area

The Learning and Innovations Institute will be conducted in English. It is hoped that all participants with access to the Internet will participate in a pre-institute discussion forum to identify specific issues to be addressed during the Institute.

Please feel free to supply supplemental information in addition to this completed form and return it with the $150 registration fee (in Canadian dollars) or $100 US dollars to:

Pauline MacIntosh
Extension Department
St. Francis Xavier University
PO Box 5000, Antigonish
Nova Scotia, Canada
B2G 2W5

Phone: 902.867.5130
Fax: 902.867.2486
E-Mail: pmacinto@stfx.ca

Space for the Learning and Innovations Institute is limited. To avoid disappointment, please register early.

For Information on the three-week Certificate Program in CBRM immediately following the Learning and Innovations Institute, please contact:

Mildred Toogood, Registrar
Coady International Institute
St. Francis Xavier University
PO Box 5000, Antigonish
Nova Scotia, Canada
B2G 2W5

Phone: 902.867.3953
Fax: 902.867.3907
E-mail: mtoogood@stfx.ca

www.stfx.ca/institutes/coady/