



7th Annual
ABORIGINAL JOB FAIR
Booth Registration Form

WEDNESDAY, MARCH 5, 2008 10:00a.m-4:00pm
ABORIGINAL CENTRE OF WINNIPEG
181 Higgins Avenue

Company: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Signature: _____ Contact Person: _____

DESCRIPTION OF ORGANIZATION & SERVICES: _____

BOOTH PRICING: \$500.00 (includes two lunches) Booth preference : 1st 2nd 3rd

Rental is for single exhibitor and may not be transferred or sublet.

American Express VISA MasterCard Cheque enclosed Invoice me (members only)

Name: _____ Card #: _____

Expiry Date: _____ Signature: _____

Please fax registration to 944-8492 or email to nmilitano@winnipeg-chamber.com.

Please make cheques payable to The Winnipeg Chamber of Commerce.

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