



NUNAVIK ARTISAN WORKSHOP REGISTRATION FORM

Full name: _____ Date of birth: _____

Beneficiary number: _____ Address: _____

Phone number: _____ Community flying from: _____

Email address: _____

What type of Art or Craft do work on? _____

How many years of experience do you have? _____ years.

Emergency contact:

Name: _____ Relationship: _____

Phone number: _____ Email address: _____

How did you hear about this workshop?

Have you attended any type of workshop or training relating to Arts or Crafts in the past?

NO

If so, please provide a short summary below:

Do you have a place to stay in Salluit? Yes No

If you have any questions or to submit your application, do not hesitate to contact Lynn Moorhouse at 1-800-361-7052 ext: 2314 or at lmoorhouse@makivvik.ca.