

THE DISTRICT OF MACKENZIE

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Northern Roots Symposium 2025 Booth Host Registration Form

Company/Organization Name:
Contact Person:
Email:
Phone Number:
Address:
City:
Province:
Postal Code:
Products/Services to be Displayed:

Number of Representatives Attending:
Names of Representatives:
1. ————
2
3. —
Electricity Required:
• Yes
• No
Special Requirements:
Are there any dietary restrictions for the bagged lunch that is provided? Please, specify who the restrictions are for.
Signature:
Date:
Please return this form by June 1 st , 2025, to Rachelle Richman by email info@districtofmackenzie.ca

Thank you for your contribution to the Northern Roots Symposium!