

Contact Information:

THE DISTRICT OF MACKENZIE

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Northern Roots Symposium 2025 Speaker Registration Form

Thank you for your interest in speaking at the Northern Roots Symposium! We are looking for passionate individuals to share their knowledge, insights, and experiences with our community. Speaker time slots will be 15 minutes, followed by 5 minutes for questions and answers. Please complete this form and return it to the event organizers.

| Name: |
|---|
| Organization/Business (if applicable): |
| Email: |
| Phone: |
| Presentation Details: |
| Proposed Presentation Title: |
| Brief Description of Your Topic (2-3 sentences): |
| |
| |
| Availability: |
| Are you available to speak at any time during the event? (Yes/No) |
| If no, please specify preferred time slots: |

| Additional Requirements: |
|---|
| Do you require any audio/visual equipment? (Yes/No) |
| If yes, please specify: |
| Any special accommodations needed? |
| Consent & Agreement: By submitting this form, I acknowledge that I am volunteering as a speaker at the |
| Northern Roots Symposium. I agree to provide my presentation materials in advance if requested and to participate in event promotions as needed. |
| 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!