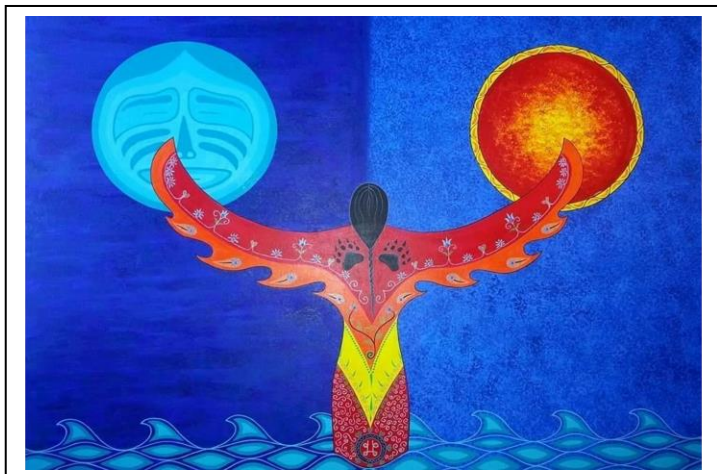


DIALOGUE FOR LIFE 2016

SUICIDE PREVENTION CONFERENCE

HONOURING OUR WOMEN – PROTECTORS OF DAY & NIGHT HONOURING LIFE



Loretta Gould

MONTREAL

November 20 - 25, 2016

Conference Workshops

November 20, 21, 22, 2016

Conference Trainings

November 23, 24, 25, 2016

SHERATON HOTEL

1201 René-Lévesque West, Montreal

1-800-325-3535

CODE: Dialogue For Life

Conference Trainings (November 23, 24, 25, 2016)

Trainings for frontline workers and family members

Two and Three complete day training sessions. Pick only 1 training, for Pre-conference.

Conference Workshops & Presentations (November 20, 21, 22, 2016)

Multiple workshops and trainings are being planned. 1.5 hour, 3 hour and 6 hour sessions will be available for you to choose from; Suicide prevention, intervention techniques, Tools for Youth (13 to 30), Elders teachings, Intergenerational trauma, Family violence, Sexual abuse intervention, healthy sexuality workshops, Community initiatives, Cultural activities, Bullying and Homophobia are but a few of the presentations we have lined up.

The Board of Directors have created a declaration against Drugs & Alcohol being used during Dialogue for Life. All participants will be asked to abstain from using drugs and consuming alcohol for the duration of the conference. **HEALING IS SACRED!**

If you are caught, you will be sent home at your own cost, zero tolerance!

Fill out the Registration form, if you are travelling in a group, please fill out the top right corner of the form. Forms can be faxed or emailed to our office in Montreal (514) 933-9976.

Accepted forms of payment: Cheque or Money order only! To better serve you, please send payment in advance.



First Nations & Inuits Suicide Prevention Association
of Québec & Labrador
3177 St-Jacques West, Suite 302
Montreal, Quebec H4C 1G7
Telephone: 514-933-6066 Fax: 514-933-9976



DIALOGUE FOR LIFE REGISTRATION FORM 2016
DEADLINE: NOVEMBER 9, 2016

OFFICE USE ONLY

GROUP REGISTRATION
 NAME OF GROUP

GROUP LEADER

Phone/Cell #

Family Name		First Name		
Job Title		Organization		
Address		City	Prov.	Postal Code
Telephone		Fax	Email	

Gender: Male Female Other Age: 0-18 19-30 31-40 41-50 51-60 61+

First Nation/Inuit _____
 Métis _____ Nation _____ Community _____
 Non-Aboriginal _____

Please choose from the following four (4) options:

	Option 1 Conference (3 days) Nov. 20-22	Option 2 Conference Trainings (3 days) Nov. 23-25	Option 3 Conference Trainings & Conference (6 days) Nov. 20-25	Banquet Only
Adults (31+ yrs.)	<input type="checkbox"/> 375\$	<input type="checkbox"/> 375\$	<input type="checkbox"/> 650\$	
Youth (30 yrs. and under) & Full time Students	<input type="checkbox"/> 275\$	<input type="checkbox"/> 275\$	<input type="checkbox"/> 450\$	
Elders (65+)	<input type="checkbox"/> 150\$	<input type="checkbox"/> 150\$	<input type="checkbox"/> 250\$	
Banquet			<input type="checkbox"/> 75\$	<input type="checkbox"/> 75\$

First Choice – Preconference Training: _____

Second Choice – Preconference Training: _____

Person responsible for payment: _____ Purchase Order Number _____

Address: _____ Tel: _____ Fax: _____

Youth: Photo Identification is required – Students: Proof of full time status is required
Registration and Banquet fees are non-refundable after November 9, 2016.
Membership fee is included in registration fee.

OFFICE USE ONLY
 Registration: _____
 Hotel: _____
 Meals: _____
 Travel: _____
 Honoraria: _____

PLEASE RETURN THIS FORM WITH PAYMENT
(CHEQUE OR MONEY ORDER ONLY)

TO: APSPNIQL-FNISPAQL
 3177, St. Jacques W, Suite 302, Montreal, QC. H4C 1G7
 Tel: 514-933-6066 or 1-888-933-6066 Fax: 514-933-9976
 www.dialogue-for-life.com



Workshops & presentations (November 20, 21, 22, 2016)

Conference Trainings will be announced shortly (November 23, 24, 25, 2016)

Schedule is being developed! It will be made available on the website by end of October 2016

Conference Activities

- **Pow-Wow**
- **Annual General Assembly**
- **Banquet & Awards**
- **Individual sessions with healers - To Be Announced**

Please take note that if the registration is being paid by your employer and/or your organization, to please state the invoice number (if applicable) and the names of the participants on the cheque stub for our records.

This will help shorten the time at the registration table.

HEALING IS SACRED!