

# BRITISH COLUMBIA ASSEMBLY OF FIRST NATIONS



**Main Office:**  
1004-Landooz Road,  
Prince George, BC V2K 5S3  
**Phone # 250-962-1603**  
**Fax # 250-962-9552**  
**Toll-Free # 1-877-621-1603**

**Vancouver Office:**  
1020-1200-West 73rd Avenue,  
Vancouver, BC V6P 6G5  
**Phone # 778-945-9911**  
**Fax # 778-945-9916**  
**Toll-Free # 1-833-381-7622**

## HONORARIUM AND REPORT REQUEST FORM

### BC Regional Engagement on the Development of the National Action Plan on MMIWG2S+

#### 1. Instructions:

Complete this form and email it to [Sarah.Froese@bcafn.ca](mailto:Sarah.Froese@bcafn.ca) to request honourarium for your participation in these engagement sessions and a print copy of the regional "What we Heard" report. If you have any questions about this form, questions can be sent to [Sarah.Froese@bcafn.ca](mailto:Sarah.Froese@bcafn.ca).

#### 2. Please indicate which virtual event/s you attended:

Please note that we are only able to provide an honourarium of \$150.00 for up to one session for each category of engagement sessions (1 - Pre-engagement, 2 - Engagement, and 3 - Report Back sessions).

##### Category 1: Pre-Engagement Sessions

Wednesday, May 12, 2021 10:00am-12:00pm PDT  
Thursday, May 13, 2021 5:00pm-7:00pm PDT

##### Category 2: Engagement Sessions

Friday, May 14, 2021 2:00pm-4:00pm PDT  
Saturday, May 15, 2021 10:00am-12:00pm PDT  
Sunday, May 16, 2021 10:00am-12:00pm PDT  
Monday, May 17, 2021 5:00pm-7:00pm PDT  
Tuesday, May 18, 2021 5:00pm-7:00pm PDT  
Monday, May 24, 2021 10:00am-12:00pm PDT  
Friday, May 28, 2021 2:00pm-4:00pm PDT  
Tuesday, June 1, 2021 12:00pm-2:00pm PDT

##### Category 3: Report Back Sessions

Friday, June 18, 2021 12:00 pm – 2:00 pm PDT  
Saturday, June 19, 2021 10:00 am – 12:00 pm PDT

#### 3. Print Copy of BC region "What we Heard" report

Please indicate whether you would like BCAFN to send you a soft print copy of the BC region "What we Heard" report:

- Yes, please send me a print copy (will be sent to address below).
- No, thank you. I am fine with the online e-version.

Continue on page 2

#honouringourancestors



bcfn

**4. Payment and/or Shipping to:**

*Provide your name, First Nation (if applicable), address, and email address.*

**Name:** \_\_\_\_\_ **Nation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**5. Preferred Payment Method:**

*Select whether you would like to receive your honourarium through direct deposit or a mailed cheque.*

**1. Direct Deposit:** Please include a Void Cheque or a Direct Deposit Form from your bank or fill in the following information:

**Institute Number:** \_\_\_\_\_

**Transit Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**2. Cheque** (will be mailed to the above address):

**6. Signature:** \_\_\_\_\_

**For BCAFN staff to complete:**

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**Approval Signature:** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

