Organization Name	(if applicable)		
Prince George Airpo	ort Authority		
Applicant / Contact First Name *		Applicant / Contact Last Name *	
Chrisie		Berry	
Mailing Address *			
4141 Airport Rd - 10	0		
City / Town *	Province *	Country	Postal Code *
Prince George	British Columbia	Canada	V2N 4M6
Primary Phone Number *		Email Address *	
REDACTED		*REDACTED*	
First Presenter's Name *		First Presenter's Title / Position *	
Gordon Duke		President & CEO	
Second Presenter's Name		Second Presenter's Title / Position	
Don Zurowski		Board Chair	
Presentation Topic *	k		
A summary of 2020	and a look ahead into 2021.		
Purpose of Presenta	ation and/or Action You Wi	sh Council to Take *	
Information Only		Request for a Letter of Support	
Request for Funding or Financial Support			
1.cquest for 1 dridin	ng or Financial Support	Other (please pr	ovide details)

What is your preferred method of delivery for you	ur delegation presentation? *
♠ In-person Presentation	
Written Submission	
Pre-recorded Video	
Will You be Providing Supporting Documentation	n (PowerPoint, Brochures, etc.)?*
What types of materials will be provided?*	
PowerPoint Presentation	☐ Handouts
Other (please specify)	
List Any Additional Technical Requirements	
In terms of dates we would be hoping for July or Aug	gust if possible.