

Request to Appear as a Delegation

Applicant Information

друпсант н			
Organization Name (if applicable)		
Northern Regional C	onstruction Association		
Applicant / Contact F	irst Name *	Applicant / Contac	ct Last Name *
Scott		Bone	
Mailing Address *			
3891-18th Avenue			
City / Town *	Province *	Country	Postal Code *
Prince George	British Columbia	Canada	V2N2X1
Primary Phone Number *		Email Address *	
250-563-1744		sbone@nrca.ca	
	n Information		
First Presenter's Name *		First Presenter's Title / Position *	
Scott Bone		CEO	
Second Presenter's Name		Second Presenter's Title / Position	

Presentation Topic *				
Construction Month Awards				
Purpose of Presentation and/or Action You W	ish Council to Take *			
Information Only	Request for a Letter of Support			
Request for Funding or Financial Support	Other (please provide details)			
Please list your requested Council meeting da	ate.			
4/25/2022				
What is your preferred method of delivery for In person	your delegation presentation:			
C Zoom C Telephone				
Will You be Providing Supporting Documenta	tion (PowerPoint, Brochures, etc.)?*			
(↑ Yes				
No				
List Any Additional Technical Requirements				
None				