

Request to Appear as a Delegation

Applicant Information

Organization Name AWAC - Association	Advocating for Women and	Community	
Applicant / Contact First Name *		Applicant / Conta	ct Last Name *
Connie		Abe	
Mailing Address *			
144 George Street			
City / Town *	Province *	Country	Postal Code *
Prince George	British Columbia	Canada	V2L 1P9
Primary Phone Number *		Email Address *	
250-563-4632		connie@awaccommunityservices.org	

Second Presenter's Name

Connie Abe

Blythe Roller

Executive Director

Second Presenter's Title / Position

Community Recovery Coordinator

Presentation Topic *					
AWAC services and our observations regarding the challenges of the downtown.					
Purpose of Presentation and/or Action You Wish	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 date.					
12/19/2022					
What is your preferred method of delivery for you in person Zoom	ur delegation presentation?*				
C Telephone					
Will You be Providing Supporting Documentation	n (PowerPoint, Brochures, etc.)?*				
All presentation materials and documentation must be advance of your intended meeting date.	e provided a by 12:00 p.m., two Wednesdays in				
What types of materials will be provided?*					
PowerPoint Presentation	▼ Handouts				
Other (please specify)					
List Any Additional Technical Requirements					