Inspiring Women Am			
	nong Us		
Applicant / Contact First Name *		Applicant / Contact Last Name *	
Annie		Booth	
Mailing Address *			
3333 University Way	,		
City / Town *	Province *	Country	Postal Code *
Prince George	British Columbia	Canada	V2N 4Z9
Primary Phone Number * 250-960-6649		Email Address * annie.booth@unbc.ca	
	n Information		
First Presenter's Name *		First Presenter's Title / Position *	
Annie Booth		Dr. /Professor UNBC	
Second Presenter's	Name	Second Presente	r's Title / Position
Zoe Meletis		Dr./Associate Professor - UNBC	
Presentation Topic *			
	Prince George project Claimi	ng Spaces	

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)
What is your preferred method of delivery for your delegation presentation? *
♠ In-person Presentation
Written Submission
Pre-recorded Video
Will You be Providing Supporting Documentation (PowerPoint, Brochures, etc.)?*
What types of materials will be provided?*
PowerPoint Presentation
☐ Handouts
Other (please specify)
List Any Additional Technical Requirements
Can do by Zoom, of course