Organization Name (if applicable)		
ICBA			
Applicant / Contact First Name *		Applicant / Contact Last Name *	
Mike		Davis	
Mailing Address *			
300- 1253 5th Ave			
City / Town *	Province *	Country	Postal Code *
Prince George	British Columbia	Canada	V2L 3L3
Primary Phone Num	ber*	Email Address *	
250-596-8118		mike@icba.ca	
First Presenter's Name *		First Presenter's Title / Position *	
Mike Davis		Regional Vice Pro	esident
Second Presenter's Name		Second Presenter's Title / Position	
Presentation Topic * State of the Construct	ction and Resource Developr	ment Industry	
Purpose of Presenta	tion and/or Action You Wi	sh Council to Take *	
Information Only			
Request for Funding or Financial Support		Request for a Le	tter of Support
Request for Funding	g or Financial Support	Request for a Le	

What is your preferred method of delivery for your delegation presentation? *	
♠ In-person Presentation	
C Written Submission	
Pre-recorded Video	
Will You be Providing Supporting Documentation (PowerPoint, Brochures, etc.)?*	
(F) Yes	
∇ No	
What types of materials will be provided? *	
What types of materials will be provided? ★ PowerPoint Presentation ☐ Handouts	
PowerPoint Presentation	
PowerPoint Presentation	
PowerPoint Presentation Cher (please specify)	
PowerPoint Presentation Other (please specify) List Any Additional Technical Requirements	