

Organization Name (if applicable)

British Columbia Lottery Corporation

Applicant / Contact First Name *

Kiersten

Applicant / Contact Last Name *

Guiseppe

Mailing Address *

2940 Virtual Way

City / Town *

Vancouver

Province *

British Columbia

Country

Canada

Postal Code *

V5M 0A6

Primary Phone Number *

604-834-8370

Email Address *

kguiseppe@bclc.com

Presentation Information

First Presenter's Name *

Greg

First Presenter's Title / Position *

Walker

Second Presenter's Name

Kiersten

Second Presenter's Title / Position

Guiseppe

Presentation Topic *

Safe Re-Opening of Treasure Cove Casino
Host Local Government Revenue
BCLC support to the City of Prince George

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.)?*

- ☒ Yes
- ☐ No

What types of materials will be provided? *

- ☒ PowerPoint Presentation
- ☐ Handouts
- ☐ Other (please specify)

List Any Additional Technical Requirements

Note - I've selected Written Submission, however our preferred method of delivery for our delegation presentation is via your virtual meeting platform i.e. Zoom