



Registration and Scholarship Application



***“The Aboriginal Pathway -
Our Communities. Our Research.
Our Wholistic Journey Continues...”***

**Caucus of Aboriginal People Living with HIV & AIDS
Skills Building
17th Annual General Meeting
Wise Practices V**

July 13 - 18, 2015

**Vancouver Marriott Pinnacle Downtown
1128 West Hastings Street, Vancouver BC**

DEADLINES	
Friday, April 24	Deadline for submission for Abstract/Scholarship applications
Thursday, April 30	Deadline for Early-bird Registration
Friday, May 15	Deadline for Awards Nominations
Wednesday, May 20	Abstracts/Scholarship recipients to be contacted
Friday, May 29	Deadline For Regular Registration
EVENTS	
Monday & Tuesday, July 13 & 14	Caucus of Aboriginal People Living with HIV & AIDS
Wednesday, Thursday (AM), July 15 & 16	Skills Building
Thursday (PM), July 16	Annual General Meeting
Friday & Saturday, July 17 & 18	Wise Practices V
Sunday – Wednesday, July 19 to 22	International AIDS Society Conference

Please read this before continuing

- Section I:** - Registration must be completed by everyone attending.
- Exhibit tables will be available on a first come first serve basis at a rate of **\$250.00** per table.
- Section II:** Scholarship Application
- Section III:** This section collects travel information. **ONLY** complete this if you are seeking a scholarship including travel.

Section I: REGISTRATION (To be fully completed by all)

Confidential When Completed

NAME:	
ABORIGINAL ANCESTRY: <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> First Nations <input type="checkbox"/> Other _____	
AGE: <input type="checkbox"/> Under 24 <input type="checkbox"/> 25 - 34 <input type="checkbox"/> 35 – 44 <input type="checkbox"/> Over 45 <input type="checkbox"/> Elder	
GENDER and SEXUAL ORIENTATION <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered/transsexual <input type="checkbox"/> Heterosexual <input type="checkbox"/> 2-Spirit/Gay/Lesbian <input type="checkbox"/> Other _____	
ROLE / AFFILIATION: <input type="checkbox"/> APHA <input type="checkbox"/> Community Member/ Staff <input type="checkbox"/> Academic <input type="checkbox"/> Student	
ORGANIZATION/DEPARTMENT:	
ADDRESS:	CITY:
PROVINCE:	POSTAL CODE:
DAYTIME TELEPHONE:	FAX:
EMAIL:	
WISE PRACTICES V DELEGATES <input type="checkbox"/> Registration Paid in Advance Received Date _____ <input type="checkbox"/> Payment at Registration <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash	

FOR WISE PRACTICES ONLY

Students & APHA's – Registration fee will be waived.

Community member – \$50.00 Early Bird registration (closes April 30, 2015)
\$100.00 Regular Registration (closes June 1, 2015)
\$150.00 Late Registration (Until full capacity is reached)

Academic – \$250.00 Early Bird Registration (closes April 30, 2015)
\$350.00 Regular Registration (closes June 1, 2015)
\$450.00 Late Registration (Until full capacity is reached)

Do you have any special needs?: (please check off all that apply)

- Obus forme cushion
- Mobility (Wheelchair)
- Fridge for medications
- French Interpretation (available in some sessions)
- ASL (sign language)
- Dietary/Allergies
If yes, please state:
- Other:

If attending CAAN's AGM, will you be a voting delegate for a member organization?

- Yes – If yes, the following Organizational Delegate Certification section MUST be completed by the Executive Director or Board Chair of the organization for which you will be a voting delegate.
- No

<p>Please provide contact information in the event of an Emergency</p> <p>Name: _____</p> <p>Phone Number: _____</p>

Registrant Declaration: I declare all the information provided in this application to be true

Signature: _____ **Date:** _____

Witness Date

Organizational Delegate Certification

NAME OF ORGANIZATION

ORGANIZATION MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
DAYTIME TELEPHONE	FAX	CONTACT E-MAIL
TITLE/POSITION	CONTACT NAME (PLEASE PRINT)	
<input type="checkbox"/> Executive Director		
<input type="checkbox"/> Board Chair		
<p><i>I certify that the information on this scholarship application is accurate and that the individual named on this application will be one of our delegates at the AGM. Should a scholarship be granted I also agree that my organization will be responsible for the reimbursement of costs should the individual named on this application fail to appear at the AGM without notifying the Canadian Aboriginal AIDS Network, in writing, at least two weeks prior to the conference.</i></p> <p>Please note you can endorse only ONE delegate to attend the AGM.</p> <p>Signature of Executive Director or Board Chair: _____</p> <p>Date: _____</p>		

Please contact Patrick at the CAAN Research Unit with questions and submissions about Wise Practices

patrickb@caan.ca

Tel – (902) 433-0900

Fax – (902) 433-3041

Please Contact Barb at CAAN with questions and submissions about Skills Building

barbf@caan.ca

Tel – (604) 266-7616

Fax – (902) 433-3041

Section II: SCHOLARSHIP APPLICATION

SCHOLARSHIP GUIDELINES

The scholarship application is for anyone needing sponsorship. Aboriginal People Living with HIV and AIDS receive priority consideration. *Please be advised that CAAN will only be issuing partial scholarships.*

1. Levels of scholarship support

<i>Travel and Accommodation</i>	To subsidize, or where funds allow, to cover the travel and hotel expenses for people living outside of Vancouver.
<i>Registration Scholarship</i>	To cover the cost of registration to facilitate participation.
<i>Childcare Subsidies</i>	To subsidize the cost of childcare during the conference.

2. Who can apply for a scholarship?

- Aboriginal People Living with HIV and AIDS.
- People who are involved in community-based Aboriginal HIV and AIDS services, programs and research projects.
- Frontline staff and volunteers in community-based Aboriginal HIV and AIDS service organizations
- Post-secondary students enrolled in studies/courses/fields related to HIV and AIDS

3. What costs are covered by a scholarship?

Conference registration, travel, childcare, accommodation and meal costs which are directly associated with Conference attendance are eligible to be covered, with some limitations:

Eligible Expenses

- Lowest available economy air/bus/rail fare or car mileage and daily parking at host hotel
- Local travel to/from airport/train/bus station (via taxi/city bus/subway)
- Meals not provided at the Conference: as per CAAN per Diem rates
- Accommodation at host hotel (shared rooms may be required)
- Child-care (Reimbursement will be given at a maximum of \$75 per day, upon presentation of a receipt)

This section is to be completed by those applying for a scholarship

1. Please check the event(s) that you will attend (NOTE: The Caucus can only be attended by Aboriginal People Living with HIV or AIDS)

- Caucus of Aboriginal People Living with HIV or AIDS
- Skills Building
- Annual General Meeting
- Wise Practices V

2. I am applying for support for the following events (NOTE: The Caucus can only be attended by Aboriginal People Living with HIV or AIDS)

- Caucus of Aboriginal People Living with HIV or AIDS Scholarship
- AGM Delegate Scholarship
- Skills Building Scholarship
- Wise Practices Scholarship

3. Please Check the item(s) for which you need assistance

- Accommodation
- child-care
- meals
- Registration fee (WP V only)
- travel

4. Please indicate how long you have been doing either paid or volunteer HIV and AIDS work

- Never
- less than one year
- more than one year

This Section must be completed if you are applying for the **APHA Forum Scholarship**

APHA Scholarship Certification to confirm eligibility to attend Caucus

CONTACT NAME	NAME OF ORGANIZATION (if applicable)	
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
DAYTIME TELEPHONE	FAX	E-MAIL
<p>I AM A</p> <input type="checkbox"/> Health care professional <input type="checkbox"/> Staff member of an AIDS service organization		
<p><i>I certify that the information on this scholarship application is accurate and that the individual named on this application meets the criteria to attend the Caucus.</i></p> <p>Signature: _____</p> <p>Date: _____</p>		

DEADLINE FOR SCHOLARSHIP APPLICATIONS: April 24th, 2015 (Pacific Standard Time) at 4:00 pm
Please fax/email completed application to CAAN at Fax: 604-266-7612 or barbf@caan.ca

Section III:

TRAVEL INFORMATION

City or Town you will travel from: _____

What Airport will you depart from: _____

Name as it appears on your identification: _____

Do you have **PHOTO IDENTIFICATION** from a government agency? Yes No

Valid HealthCare Card #: _____

Which travel costs do you need covered: (please check all that apply).

- Air Bus Train Meals while travelling
- Car: # of kilometers _____ return

Will you have **airport parking costs**? Yes No

Will you require **Hotel parking costs**? Yes No

Ground fare i.e. taxi? Yes No

Frequent Flyer Number: _____

Departure Date: _____	Preferred Time: _____
Return Date: _____	Preferred Time: _____

I require **CHILDCARE ASSISTANCE**: (please include names and ages of children)

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Do you have any special travel related needs: (please check off any that apply)

	Mobility (Wheelchair)
	Dietary/Allergies <i>If yes, please state:</i>
	Travel Companion required <i>Name:</i>
	Other:

Please Note: We must also be advised of Travel Companion requests by **April 24th, 2015**. Otherwise we are unable to cover costs.

Declaration: I declare all the information provided in this application to be true

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Office use only: Received Application: _____ Notified on: _____