



**\*\*REVISED\*\***

**March 2009**

# **The Specific Claims Tribunal Act Information Workshop**

## **What it Means for Your Community**

The Union of British Columbia Indian Chiefs, in conjunction with Mandell Pinder, Barristers and Solicitors, is pleased to offer a free half-day information workshop geared to First Nations leaders, researchers and staff to examine the new legislation and the changing specific claims landscape.

<b>Williams Lake</b>	<b>March 10</b>	<b>12:30 – 3:30 pm</b>	Thompson Rivers University 1250 Western Avenue Room 1258
<b>Kamloops</b>	<b>March 17</b>	<b>1 - 4pm</b>	Chief Louis Centre Kamloops Indian Band 315 Yellowhead Highway
<b>Kelowna</b>	<b>March 18</b>	<b>9am – 12pm</b>	Ramada Inn 2170 Harvey Avenue (Hwy 97 N)
<b>Hope</b>	<b>March 24</b>	<b>1 – 4 pm</b>	Hope Golf & Country Club 900 A Golf Course
<b>Victoria</b>	<b>April 6</b>	<b>1 – 4 pm</b>	Harbour Towers & Suites 345 Quebec Street Saanich Room, 2 <sup>nd</sup> Floor

Presented by **Bruce Stadfeld** and **Anne Cullingham** from the Law firm of Mandell Pinder, the workshop will address the pros and cons of the new specific claims legislation, and discuss the implications of the legislation for specific claims in British Columbia. Space is limited and we recommend that each community send a maximum of 3 participants to take part in these discussions.

**Deadlines vary so register early!**  
**See enclosed Registration Package for details**

or register online at: <http://www.ubcic.bc.ca/workshops>.

**For more information contact:** Rose Joseph at 604.684.0231  
email [rjoseph@ubcic.bc.ca](mailto:rjoseph@ubcic.bc.ca)

**Please Note:** The workshop is free, but travel costs will **not** be reimbursed



**March 2009**  
**The Specific Claims Tribunal Act**  
**Information Workshop**

Registration Package

Enclosed you will find the following documents:

- Invitation to Attend
- Registration Form
- Letter of Support

Please see registration Form for Workshop registration deadlines

\*Early registration is recommended as the workshop is limited to 40 participants.  
We will confirm registration on receipt of your registration package

**Completed forms should be sent by email:** [rjoseph@ubcic.bc.ca](mailto:rjoseph@ubcic.bc.ca)

**Fax:** 604 684 5726  
Attn: Rose Joseph  
Workshop Coordinator  
Fax: 604-684-5726

**Mail:** Attn: Rose Joseph  
Workshop Coordinator  
UBCIC Research  
500 – 342 Water St.  
Vancouver BC, V6B 1B6

For more information, please contact Rose Joseph at 604-684-0231.



# The Specific Claims Tribunal Act Information Workshop March 2009

## Registration Form

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Band/ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: [    ] \_\_\_\_\_

\_\_\_\_\_ Fax: [    ] \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Code: \_\_\_\_\_

<b>I will attend</b>	<b>Workshop</b>	<b>Location</b>	<b>Date &amp; Time</b>	<b>Deadline</b>
	<b>Williams Lake</b>	Thompson Rivers University 1250 Western Avenue Room 1258	March 10 1 - 4 pm	<b>March 6</b>
	<b>Kamloops</b>	Chief Louis Centre Kamloops Indian Band 315 Yellowhead Highway	March 17 1- 4 pm	<b>March 13</b>
	<b>Kelowna</b>	Ramada Inn 2170 Harvey Avenue (Hwy 97 N)	March 18 9am -12pm	<b>March 13</b>
	<b>Hope</b>	Hope Golf & Country Club 900 A Golf Course	March 24 1 - 4 pm	<b>March 20</b>
	<b>Victoria</b>	Harbour Towers & Suites 345 Quebec Street Saanich Room, 2 <sup>nd</sup> Floor	April 6 1 - 4 pm	<b>April 3</b>

### **Additional Information**

**Afternoon snack will be provided**

Dietary Issues/ Requirements: \_\_\_\_\_

**Completed forms should be sent by email:**

[rjoseph@ubcic.bc.ca](mailto:rjoseph@ubcic.bc.ca)

**Fax:** 604-684-5726

Attn: Rose Joseph

Workshop Coordinator

**Mail:**

Attn: Rose Joseph

Workshop Coordinator

UBCIC Research

500 – 342 Water Street

Vancouver BC, V6B 1B6

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Letter of Support

Band: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Our \_\_\_\_\_ (name of band) supports \_\_\_\_\_  
in his/ her attendance of the Specific Claims Tribunal Act Information Workshop  
in \_\_\_\_\_ on March \_\_\_\_\_, 2009.

Authorizing Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Please print name: \_\_\_\_\_

Date: \_\_\_\_\_