

NVCA - REQUEST FOR DEPUTATION

8195 8^{TH} Line, Utopia, ON, L0M 1T0 | Tel: 705-424-1479 | Fax: 705-424-2115

Please return this completed form along with a covering letter to the NVCA's CAO at the above noted address or email to kjenkins@nvca.on.ca

Preferred Date:		
Preferred Date.		
Alternate Date:		
Person(s) to Appear:		
Name	Title & Organization	Telephone & Email
 Person(s) Requesting Appe	arance (if different from above	<u>)</u> :
Name	Title & Organization	Telephone & Email
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