

## EVENT REGISTRATION FORM

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# SASKATCHEWAN HIV PEER EDUCATION & NETWORKING EVENT

THIS EVENT WILL BE OPEN TO HIV PEERS CURRENTLY WORKING IN, OR THOSE WHO EXPRESS AN INTEREST IN, HIV PEER WORK. THE EVENT WILL ALSO PROVIDE AN OPPORTUNITY FOR PEERS ACROSS THE PROVINCE TO NETWORK.

MAY 22 & 23, 2018

STATION 20 WEST

TREATY 6 TERRITORY

1120 20TH ST W, SASKATOON, SK

8:30 AM – 3:30 PM

NETWORKING EVENT WILL BE HELD ON MAY 22<sup>ND</sup>.

6:00 PM – 8:00 PM

## SECTION ONE: PARTICIPANT INFORMATION

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First Name:..... Last Name: .....

Address: .....

City: ..... Province/Territory:..... Postal Code:.....

Email: .....

Phone: .....

Can we leave a message? .....

Affiliation: .....

*(i.e. organization, program, department, or community)*

Job Title (if relevant): .....

## SECTION TWO: ACCOMMODATIONS

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***Location of accommodations will be the Holiday Inn Express & Suites, 315 Idylwyld Dr N, Saskatoon, SK.***

***Continental breakfast included with accommodations.***

***Out of town peers arrive the day prior to the event (Monday, May 21, 2018) and depart late afternoon concluding the final day of the event (Wednesday, May 23, 2018).***

***The registration includes the cost of shared accommodations only.***

Sharing accommodations with: .....

**The hotel requires a credit card or third-party (i.e. friend, family member, organization) credit card authorization form to be completed upon checking in.**

- I will have my own credit card.
- I require a third-party authorization credit card form for my friend, family member, or organization to complete.
- I do not have my own credit card or a third-party credit card.

**Please note: All incidental costs charged to the room will be the responsibility of the room occupant. Incidentals, including movie rentals, long distance phone calls, room service or meal fees, lost, stolen, or damaged items, will be paid in full by the room occupant.**

### SECTION THREE: TRAVEL INFORMATION

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**The following meals will be covered:**

- Lunch will be provided for all peers at the educational event (Tuesday, May 22<sup>rd</sup> and Wednesday, May 23<sup>rd</sup>).
- Dinner will be provided for all peers at the networking event (evening of Tuesday, May, 22<sup>rd</sup>).
- Out of town peers will be provided a per diem for the dinner purchase on Monday, May 21, 2018 and Wednesday May 23<sup>rd</sup>. Saskatoon peers will not receive a per diem for dinner purchases.

**Please be advised that transportation and car pooling to the event can be arranged, but it is not guaranteed.**

Location you will travel from: .....

- I will be traveling in my own vehicle.
- I will be traveling with another person from my organization.
- I do not have any options for travel.

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

\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Are you a single parent: \_\_\_\_ Yes \_\_\_\_ No

Emergency Contact Person: .....

Phone: .....

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

<input type="checkbox"/>	Mobility (Wheelchair)
<input type="checkbox"/>	Fridge for medications
<input type="checkbox"/>	Dietary/Allergies <i>If yes, please state:</i>
<input type="checkbox"/>	Other:

## SECTION FOUR: PEER ENGAGEMENT

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GIPA/MEPA principles will be upheld and participation from persons living with HIV at all stages will be crucial.

***Peers will receive an honorarium to value their time at the event.***

### **PEER PANEL APPLICATION FORM**

***Note: The Peer Panel Application Form is only completed if you are interested in participating in the peer panel.***

The SK HIV Peer Education and Networking event is looking for peers living with HIV to join a panel to share about their own unique culture (i.e. Indigenous, other ethnicities, New Canadian, Queer, Youth, etc.).

Selected peers will share experiences working with clients in a culturally safe way.

Do you feel comfortable sharing your experiences in front of your peers/persons living with HIV at the event?

- Yes, I feel comfortable sharing my experiences.
- No, I do not feel comfortable sharing my experiences.

### **LIVED EXPERIENCE**

Do you identify and belong to any unique cultures? (i.e. Indigenous, other ethnicities, New Canadian, Queer, Youth, etc.)?

### **PEER EXPERIENCES**

If you need more space for your answers please use the back of the paper.

1. How does your own unique culture (i.e. Indigenous, other ethnicities, New Canadian, Queer, Youth, etc.) impact the work you do as a peer?
  
2. How do you support and interact with peers in a culturally safe way?
  
3. Are you open minded in your attitudes towards people from cultures other than your own? Please explain.

**Declaration: I declare all the information provided in this registration and/or application to be true**

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Signature

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Date

**DEADLINE FOR APPLICATION IS MONDAY MAY 3<sup>rd</sup> at 4:00 PM.**

Please submit completed applications to Jamie Crossman at  
[Jamie.crossman@saskhealthauthority.ca](mailto:Jamie.crossman@saskhealthauthority.ca) or fax: (306)766-7796.