



Application for a Plenary Presentation to the Citizens' Assembly

Applicant's Name: _____
Given name Surname

Postal Address: _____

Email: _____

Telephone: _____

Please provide a short description of the history and extent of your interest in electoral reform: _____

Organization: (If applicable) _____

Organization's postal address: (If different than above) _____

Nature and purpose of the organization: _____

Please provide a short description of your presentation: _____

Please indicate which public hearing you will present at: _____

Will you bring copies of your presentation to the Assembly? Yes___ No___
Will you make (or have you made) a formal *submission* to the Assembly? Yes___ No___

Please forward to:
Citizens' Assembly on Electoral Reform
2288 – 555 West hasting Street
PO Box 12118
Vancouver, BC, V6B 4N6

This form may also be faxed to 1.604.660.1236 or emailed to hearings@citizensassembly.bc.ca