



**INDIGENOUS CULTURE
&
MEDIA INNOVATIONS**

INDIGENOUS PERSPECTIVE IN EDUCATION & TECHNOLOGY

**INDIGENOUS INTERACTIVE MULTI MEDIA
APPLICATION FORM**

Name:		
Address:		
Telephone No.		
Email:		
Are you?	Status: _____ Non-Status: _____ Metis: _____ Inuit: _____	
First Nation Affiliation:		Registry No.
Date of Birth:		
What areas in interactive multi media are you most interested in learning?		
What skills are you bringing to the Program?		

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