

ATTENDANCE REQUEST FORM AND AGREEMENT TO ATTEND HEARING

Name of Applicant for Attendance:

Email Address:

Telephone Number:

Home Address:

Hearing Date: DATE(S), from TIME a.m. [daily]

Hearing Location: Registrar's Hearing Room

**2nd floor, 44 Capital Boulevard
10044 108 St.
Edmonton, AB T5J 5E6**

I understand that the hearing for the above date and time will proceed in person. I further understand that in accordance with the applicable legislation the hearing is open to the public; however, the hearing committee has the authority to close some or all the hearing to the public. If I plan to attend the hearing, I understand and agree to the following:

- I must remain seated and cannot disrupt the proceeding in anyway;
- All electronic devices be turned off during the duration of the hearing;
- I will only observe this proceeding and will not attempt to participate in any way, including contributing or speaking during the proceeding unless requested to do so by the committee.
- I will not contact members of the committee regarding the proceeding at any time;
- If I am late in attending the proceedings, I will not be admitted from the waiting room until there is a break in the proceedings;
- I agree to follow any instructions from the committee; and
- To protect the integrity of these proceedings, I agree not to record, photograph, broadcast, or rebroadcast the proceedings in any manner. This prohibition includes taking, posting or sharing videos, photographs, screenshots or screen recordings of the proceedings.

If I breach any of the conditions identified above, I understand and acknowledge that I may be asked to leave the proceedings and may be prohibited from attending future proceedings.

The personal information collected through this Attendance Request Form and Agreement to Attend Hearing is for identification of attendees and to ensure the proper functioning of hearing proceedings. This collection is authorized by section 4(b) and (c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact Governance Manager, Governance and Registries at 780-340-7953 or toll free: 310-0000 before the phone number (in Alberta), by email at EDC.Governance@gov.ab.ca, or mail to 2nd Floor 44 Capital Blvd, 10044-108 Street, Edmonton, AB T5J 5E6.

I understand and acknowledge that my first and last name may be disclosed to the parties, to the hearing committee members, and to legal counsel or representatives of the parties or committee in advance of the hearing for the purpose of allowing an opportunity for the parties to object to

my attendance. If such an objection is raised, I may be given the opportunity to respond to such an objection in order to be able to remain in attendance.

I also understand and acknowledge that my first and last name may be disclosed during the hearing either as part of an objection or in relation to a request for confirmation of attendees.

Dated this _____ day of _____, YEAR.

Print Name

Signature

Print Name

Parent/Guardian Signature (if applicable)