

**July 18-22, 2018 79th ANNUAL TEKAKWITHA CONFERENCE AT THE GREATER TACOMA CONVENTION CENTER  
TYPE OR PRINT CLEARLY. USE ONLY THIS PRE-REGISTRATION FORM OR A PHOTOCOPY USE ONE FORM PER PERSON**

**Mail all registrations and payments in U.S. CHECK, U.S. MONEY ORDER, OR U.S. BANK DRAFT to:**

**TEKAKWITHA CONFERENCE 2225 North Bolton Ave Alexandria, LA 71303-4408  
ENTIRE FORM MUST BE COMPLETED, SIGNED AND POSTMARKED BY JUNE 16, 2018.**

TITLE: Circle one Most Rev. Rev. Msgr. Deacon Sister Brother Dr. Mr. Mrs. Ms. Miss  
 GIVEN NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_  
 TRIBE/NATION: \_\_\_\_\_ ARCH/DIOCESE: \_\_\_\_\_

**MEMBERSHIP DUES: NON-REFUNDABLE AND NON-TRANSFERABLE** VALID July 1, 2017 – June 30, 2018 Dues \$ \_\_\_\_\_  
 SENIOR (55 +) \$25.00 / ADULT (18-54 yrs.) \$30.00 / SENIORS/ADULTS 18 & over (OUTSIDE USA) \$35.00  
 New Member \_\_\_\_\_ Renewal \_\_\_\_\_ Membership # (optional) \_\_\_\_\_

**\*\*You may RENEW your membership for : July 1, 2018—June 30, 2019 Dues \$ \_\_\_\_\_**

If you are a **non-member** registering for the Annual Conference you may pay your membership dues now for July 1, 2017 – June 30, 2018 and pay **member conference fee** as indicated on this registration form **OR** pay the non-member conference fee.

**REGISTRATION FEE: NON-REFUNDABLE AND NON-TRANSFERABLE REQUIRED OF ALL PARTICIPANTS, ALL AGES INCLUDING INFANTS/TODDLERS**  
 Registration fee per person: **\$ 25.00**

**You must be a current member (Paid for July 1, 2017-June 30, 2018) in order to receive the member pricing.**

**CONFERENCE FEES BELOW**

	<u>MEMBER</u>	<u>NON-MEMBER</u>	<u>YOUTH</u>	
Senior(55 yrs. & over).....	\$110.00	\$150.00	N/A	
Adult (18-54 yrs.).....	\$135.00	\$175.00	N/A	
Youth (13-17 yrs.).....	N/A	N/A	\$80.00	
Child (4-12 yrs.).....	N/A	N/A	\$55.00	
Toddler (3 yrs & under).....	Registration Fee Only.....No Charge			CONFERENCE FEE \$ _____

**LATE FEE APPLIES: after June 16, 2018 \$ 15.00**

**PLATED MEALS SERVED: Wednesday July 18 Dinner; Thursday & Friday Lunch & Dinner. (Planning Committee will provide Saturday's Meals)**

Meals include: beverage, 24% service charge, & 9% taxes. **SOLD AS MEAL PACKAGE ONLY.** This does not include breakfast.  
 Adult & Youth (13 and Up).....\$165.00  
 Child (4-12)..... \$ 85.00  
 Toddler (3 yrs. & under).....No Charge  
 Meals\$ \_\_\_\_\_

**ANY CANCELLATIONS AFTER JUNE 1, 2018 THE MEAL FEE WILL BE NON-REFUNDABLE.**  
**No meals orders accepted after June 16,2018. No meal packages sold after June 16 nor on-site.**

Food Allergies: \_\_\_\_\_

Special Meals: Vegetarian: \_\_\_\_\_ Vegan: \_\_\_\_\_ Gluten Free: \_\_\_\_\_

**N.B. A minimum of 50% of AMOUNT DUE must accompany pre-registration form. Total \$ \_\_\_\_\_**

**OPTIONAL: Donation to Friends of Saint Kateri Restricted Fund: (your choice) Donation\$ \_\_\_\_\_**

**AMOUNT PAID \$ \_\_\_\_\_  
Balance Due \$ \_\_\_\_\_**

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Emergency Contact at Conference \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Phone # \_\_\_\_\_

**\*COMPLETE AND/OR BRING MEDICAL INFORMATION\***

Medication/Drug Allergies: \_\_\_\_\_

My Prescriptions and ailments: \_\_\_\_\_

(Please Check One) \_\_\_\_\_ Will bring own wheelchair \_\_\_\_\_ Will need a wheelchair on-site for my use

\*\*\* **Registrations post marked after June 16, 2018, an additional late fee of \$15.00 will apply.** ON-SITE REGISTRATION WILL BE AVAILBABLE at the Great Tacoma Convention Center beginning July 18, 2018 with a \$15.00 late fee. Cancellation Fee is \$40.00; Membership Dues and Registration Fee are non-refundable and non-transferable. Cancellation requests must be received in writing before or on September 1, 2018 to the Tekakwitha Conference Office.

In case of illness or injury, I hereby authorize emergency medical treatment for my minor child, guardian or myself, and agree to assume full responsibility for any such treatment, including payment of costs and any claims arising from or associated with such medical treatment. I accept all the policies of the Tekakwitha Conference, Greater Tacoma Convention Center and Conference Hotels.

\*\*\* **EACH ADULT REGISTRATION FORM MUST BE SIGNED AND DATED BY THE ADULT BELOW.**  
\*\*\* **EACH REGISTRATION FORM FOR YOUTH, CHILD, TODDLER MUST BE SIGNED AND DATED BY AN ADULT BELOW.**

\_\_\_\_\_  
SIGNATURE (FULL NAME) DATE

\_\_\_\_\_  
PRINT (FULL NAME)

**Photo Release:** Tekakwitha Conference's legal representatives, videographer, & photographers retain the rights and permission to publish without charge photographs and videos/dvds taken during this event. These images may be used in publications such as in electronic publications or in audio-visual presentation, promotional literature, advertising, or in other similar ways by the Tekakwitha Conference.  
I give my permission for my photo release: Yes \_\_\_\_\_ No \_\_\_\_\_ (Signature Required)

\_\_\_\_\_  
SIGNATURE DATE

**TRANSPORTATION INFORMATION REQUIRED:** Complimentary airport shuttle is available by 2018 Planning Committee from the Seattle-Tacoma Airport to conference hotels specified. Hotel Murano Courtyard Marriot Holiday Inn Express & Suites Tacoma Downtown

Please check one of the following **before June 16, 2018:**  
I will need transportation from Seattle-Tacoma Airport:  
on Wed. JULY 18 YES \_\_\_\_\_ NO \_\_\_\_\_ I will drive myself to Lummi Reservation on Saturday: Yes \_\_\_\_\_  
on Sun. July 22 YES \_\_\_\_\_ NO \_\_\_\_\_ I will need bus transportation to Lummi Reservation on Saturday: Yes \_\_\_\_\_

If shuttle service is needed, please provide the following information **before or by June 16, 2018.**

**ARRIVAL:**  
July 18: Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Time \_\_\_\_\_

**DEPARTURE:**  
July 22: Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Time \_\_\_\_\_

Which hotel are you staying? (please check one) \_\_\_\_\_ Hotel Murano \_\_\_\_\_ Courtyard Marriot \_\_\_\_\_ Holiday Inn Express & Suites Tacoma Downtown

I am traveling by: (Please Check One) \_\_\_\_\_ Car \_\_\_\_\_ Chartered Bus

\*\*\*\*\*If you have not made your travel and hotel arrangements, please e-mail or call when you make them.  
For more information, Contact: Tekakwitha Conference Phone 1-844-483-3900 Fax 1-318-483-3909 E-mail tekconf@gmail.com

\_\_\_\_\_ Yes, I would like to pre-order t-shirts. I agree to pick up and pay at the Tekakwitha Conference Vendor Table by Thursday, 3:00 pm on July 19, 2018.

Please indicate number and sizes needed below. Color options and prices are not available at this time. **NO prepayments for t-shirts.**

\_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_ XXXXL

We can not accept T-SHIRT orders after June 16, 2017