



ON-SITE FULL CONFERENCE REGISTRATION 2018

Greater Tacoma Convention Center, Tacoma, WA July 18-22, 2018
PLEASE PRINT CLEARLY IN CAPITAL LETTERS, ONE FORM PER PERSON
Payment Includes \$15.00 Late Fee

TITLE _____ LEGAL FIRST NAME _____ MI _____ LEGAL LAST NAME _____

MAILING ADDRESS: P O BOX # OR STREET ADDRESS _____ APT # _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____ COUNTRY _____

(____) _____ HOME PHONE (____) _____ WORK PHONE (____) _____ CELL PHONE

_____ E-MAIL ADDRESS _____ DATE OF BIRTH _____ AGE _____ M or F CIRCLE

_____ TRIBE / NATION _____ ARCH/DIOCESE _____

MEMBERSHIP DUES: VALID July 1, 2018 to June 30, 2019

Senior (55 yrs. & over): \$20.00 Adult (18-54 yrs.): \$25.00

International Members (outside the USA): \$25.00 In US Funds

Payment required in US Funds

MEMBERSHIP FEE, ON-SITE REGISTRATION FEE, CONFERENCE FEE & LATE FEE:
Senior: \$170.00 Adult: \$200.00

Membership Fee
Registration &
Conference Fee: \$ _____

• ON-SITE YOUTH REGISTRATION FEE & CONFERENCE FEES (13-17 YEARS OF AGE): \$120.00

Youth Fee: \$ _____

• ON-SITE CHILD REGISTRATION FEE & CONFERENCE FEES (4-12 YEARS OF AGE): \$95.00

Child Fee: \$ _____

• ON-SITE TODDLER REGISTRATION FEE (3 YEARS & UNDER): \$25.00

Toddler Fee: \$ _____

• SATURDAY LUNCH & DINNER WILL BE PROVIDED BY THE 2018 PLANNING COMMITTEE

PAID BY: (Circle one) CASH, CHECK, CREDIT CARD(6% FEE IS CHARGED) MONEY ORDER # _____

Total: \$ _____

• For all children & youth registrations, give name of responsible ADULT & relationship

Receipt # _____

(SIGNATURE OF ADULT) _____ PRINT FULL NAME _____ RELATIONSHIP _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Conference Attendee _____ Relationship _____ Cell Phone _____

Alternate Contact _____ Relationship _____ Cell Phone _____

Medical Information: (Use back if necessary.)
Please specify ailment(s), medication and allergies. _____

AGREEMENT:

I agree that I will comply with rules and regulations of the Tekakwitha Conference and the Greater Tacoma Convention Center, Tacoma, WA.

ADULT SIGNATURE _____ (FULL NAME) _____ DATE _____