

79th ANNUAL TEKAKWITHA CONFERENCE - July 19-21, 2018

ONE DAY CONFERENCE PRE-REGISTRATION 2018**Greater Tacoma Convention Center, Tacoma, WA

Return to: tekconf@gmail.com or 2225 N. Bolton Ave, Alexandria, LA 71303-4408

PLEASE PRINT CLEARLY IN CAPITAL LETTERS, ONE FORM PER PERSON

Circle ONE day: Thursday July 19 or Friday July 20 or Saturday July 21, 2018

Signed and postmarked by June 16, 2018. After June 16, 2018 a \$15.00 late fee applies, Adults/Seniors only.

_____	_____	_____	_____
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, 2017 to June 30, 2018

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

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

New Member _____ Renewal _____ Membership# _____

Payment required in US Funds

Membership Fee: \$ _____

1-DAY PRE-REGISTRATION FEE & CONFERENCE FEE:

MEMBER: Senior: \$62.00 Adult: \$70.00 NON MEMBER: Senior: \$75.00 Adult: \$84.00

Registration & Conference Fee: \$ _____

**** You can pay the member price if you are paying membership dues at this time. **After June 16, 2018 \$15.00 Late Fee:** \$ _____

• 1-DAY YOUTH PRE-REGISTRATION FEE & CONFERENCE FEES (13-17 YEARS OF AGE): \$52.00

Youth Fee: \$ _____

• 1-DAY CHILD PRE-REGISTRATION FEE & CONFERENCE FEES (4-12 YEARS OF AGE): \$44.00

Child Fee: \$ _____

• 1-DAY TODDLER PRE-REGISTRATION FEE (3 YEARS & UNDER): \$10.00

Toddler Fee: \$ _____

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

PAID BY: (Circle one) CASH, CHECK, MONEY ORDER # _____ Pay Pal (5% fee is charged)

Total: \$ _____

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

(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. _____

Saturday Only: Need transportation to Lummi Reservation Yes _____ No _____

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