

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

TWO 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 or TYPE CLEARLY IN CAPITAL LETTERS, ONE FORM PER PERSON

Circle the TWO DAYS you will attend: Thursday July 19 & Friday July 20, 2018

OR Friday July 20 & 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: \$ _____

2-DAY PRE-REGISTRATION FEE & CONFERENCE FEE:

MEMBER: Senior: \$100.00 Adult: \$115.00 NON MEMBER: Senior: \$125.00 Adult: \$145.00

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: \$ _____

• 2-DAY YOUTH PRE-REGISTRATION FEE & CONFERENCE FEES (13-17 YEARS OF AGE): \$79.00

Youth Fee: \$ _____

• 2-DAY CHILD PRE-REGISTRATION FEE & CONFERENCE FEES (4-12 YEARS OF AGE): \$63.00

Child Fee: \$ _____

• 2-DAY TODDLER PRE-REGISTRATION FEE (3 YEARS & UNDER): \$15.00

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