

78th ANNUAL TEKAKWITHA CONFERENCE - July 19-23, 2017

TWO DAY CONFERENCE PRE-REGISTRATION 2017Best Western Ramkota, Rapid City, SD**

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 20 & Friday July 21, 2017

OR Friday July 21 & Saturday July 22, 2017

Signed and postmarked by June 15, 2017. After June 15, 2017 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, 2016 to June 30, 2017

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: \$95.00 Adult: \$110.00 | NON MEMBER: Senior: \$120.00 Adult: \$145.00 |
|--|---|

Registration & Conference Fee: \$ _____

**** You can pay the member price if you are paying membership dues at this time. **After June 15, 2017 \$15.00 Late Fee:** \$ _____

• 2-DAY YOUTH PRE-REGISTRATION FEE & CONFERENCE FEES (13-17 YEARS OF AGE): \$75.00 Youth Fee: \$ _____

• 2-DAY CHILD PRE-REGISTRATION FEE & CONFERENCE FEES (4-12 YEARS OF AGE): \$55.00 Child Fee: \$ _____

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

• FRIDAY DINNER WILL BE PROVIDED BY THE 2017 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. _____

Friday Only: Need transportation to Crazy Horse Yes _____ No _____

AGREEMENT:

I agree that I will comply with rules and regulations of the Tekakwitha Conference and the Best Western Ramkota in Rapid City, SD.

ADULT SIGNATURE

(FULL NAME)

DATE