

80th ANNUAL TEKAKWITHA CONFERENCE

TWO DAY CONFERENCE PRE-REGISTRATION 2019 ***** Sharonville Convention Center, Sharonville, OH

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 18 & Friday July 19, 2019

OR Friday July 19 & Saturday July 20, 2019

Signed and postmarked by June 15, 2019. After June 15, 2019 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, 2018 to June 30, 2019

Senior (55 yrs & over): \$25.00 Adult (18-54 yrs): \$30.00

International Members (outside the USA): \$35.00 In **US Funds**

New Member _____ Renewal _____ Membership# _____

Membership Fee: \$ _____

2-DAY PRE-REGISTRATION FEE & CONFERENCE FEE:

MEMBER: Senior: \$99.00 Adult: \$115.00 NON MEMBER: Senior: \$125.00 Adult: \$142.00

Registration & Conference Fee: \$ _____

**** You can pay the member price if you are paying membership dues at this time. After June 16, 2019 \$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): \$62.00

Child Fee: \$ _____

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

Toddler Fee: \$ _____

PAID BY: (Circle one) CASH, CHECK, MONEY ORDER # _____
Credit/Debit (3.5% + \$0.15 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. _____

AGREEMENT:

I agree that I will comply with rules and regulations of the Tekakwitha Conference and the Sharonville Convention Center, Sharonville, OH.

ADULT SIGNATURE

(FULL NAME)

DATE

CREDIT CARD AUTHORIZATION FORM

Card Type:    

NAME ON CARD: _____

CREDIT CARD NUMBER: _____

EXP DATE: _____ AMOUNT: \$ _____

ZIP CODE: _____ CVV#: _____