



**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**

**Payment required in US Funds**

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

International Members (outside the USA): \$25.00 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 \_\_\_\_\_