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|  |
| **Pre-Registration Form**(Pre-Registration will not be processed without payment) |
|  First Name: | Last Name: |
|  Title:      |
|  Telephone:      | Cell: |
|  Name of Tribe/Organization/Affiliation:      |
|  Address:      |
|  City:      | State:      | Zip Code:      |
|  Email Address:       |
| **2017 CONFERENCE FEES:** |
| **I will be Attending The 2017 Tribal Self-Governance Conference** **- Please check** |
|  |

|  |  |  |
| --- | --- | --- |
| [ ]  **Attendee $425:** | $ | ***Please Bring Your Check to the Registration Desk!*** |
| [ ]  **Speaker $325:** | $ |
| [ ]  **Volunteer** |  |
| [ ]  **Donation**  | $ |
| **Grand Total:** | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Which Portion of the Meeting will you be attending?**

|  |
| --- |
| [ ]  **IHS** |
| [ ]  **DOI** |
| [ ]  **Both** |

 |
|  |
| *By registering for this event, you agree to be photographed or filmed and give permission to SGCE to use your likeness in educational & Self-Governance promotional materials.* **I have read and agree with all of the above:** | **Badge Name:** |
| **Signature:** |
| **MAIL & CONTACT INFORMATION** |
| **SGCE Tribal Consortium**PO BOX 1734 McAlester, OK 74502Fax:918.423.7639 Phone: 918.302.0252Website: [www.tribalselfgov.org](http://www.tribalselfgov.org)  |
| **FOR SGCE STAFF USE ONLY:** |
| Payment Received: $ | Date: | Received by (initial):  |
| ❑ Cash:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_❑ Check#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ CC#:­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ex Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV:\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_ |

***ALL FEES ARE NON-REFUNDABLE***

*Note: If you are not sure who will attend from your organization it is recommended that you register on-site rather than pre-register.*