|  |  |  |  |
| --- | --- | --- | --- |
| **Pre-Registration Form**  **(Pre-Registration will not be processed without payment.)** | | | |
| First Name: | Last Name: | | |
| Title: | | | |
| Telephone: | | | |
| Name of Tribe/Organization/Affiliation: | | | |
| Address: | | | |
| City: | State: | | Zip Code: |
| **2015 Tribal Strategy Session Fees:** | | | |
| **I will be Attending the 2015 Tribal Strategy Session**   * **- Please Check** | | | |
| **DEADLINE FOR ATTENDEE PRE-REGISTRATION: FRIDAY, AUGUST 18,2015**  **On-Site Registration Fee: $175** | | | |
| * **Attendee $150.00** | | | $ |
| **Name:** | | | **Email:** |
| **IF YOU ARE REGISTERING AND PAYING FOR MORE THAN ONE PERSON, PLEASE LIST THEM HERE:** | | | |
| Name: | | | Email: |
| 1. | | |  |
| 2. | | |  |
| 3. | | |  |
| 4. | | |  |
| 5. | | |  |
| **Grand Total:** | | | $ |
| ***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:** | | | |
| **Signature:** | | | |
| Mail & Contact Information | | | |
| **SGCE TRIBAL CONSORTIUM**  **PO BOX 1734**  **MCALESTER, OK 74501**  **FAX:918.423.7639 PHONE: 918.302.0252** | | | |
| **FOR SGCE STAFF USE ONLY:** | | | |
| Payment Received: $ | | Date: | Received By(initial): |
| * Cash:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Check#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Credit Card #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **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** | | | |

