|  |  |  |
| --- | --- | --- |
|  | | |
| **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: | | |
| **2019 CONFERENCE FEES:** | | |
| **I will be Attending The 2019 Tribal Self-Governance Conference**  **- Please check** | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Attendee $375:** | $ | ***Deadline for Attendee Pre-Registration:***  ***March 8, 2019***  **On-Site Registration Fee:**  **Attendee-$425**  **Speaker- $325** |
| **Speaker $275:** | $ |
| **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 74502  Fax:918.423.7639 Phone: 918.302.0252  Website: [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.*