

# 80<sup>th</sup> ANNUAL TEKAKWITHA CONFERENCE

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

Return to: [tekconf@gmail.com](mailto:tekconf@gmail.com) or 2225 N. Bolton Ave, Alexandria, LA 71303-4408

PLEASE PRINT CLEARLY IN CAPITAL LETTERS, ONE FORM PER PERSON

Circle ONE day: Thursday July 18 or Friday July 19 or Saturday July 20, 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# \_\_\_\_\_

**Payment required in US Funds**

Membership Fee: \$ \_\_\_\_\_

**1-DAY PRE-REGISTRATION FEE & CONFERENCE FEE:**

MEMBER: Senior: \$62.00 Adult: \$70.00 NON MEMBER: Senior: \$75.00 Adult: \$84.00

Registration & Conference Fee: \$ \_\_\_\_\_

\*\*\*\* You can pay the member price if you are paying membership dues at this

After June 15, 2019 \$15.00 Late Fee: \$ 15.00

- 1-DAY YOUTH PRE-REGISTRATION FEE & CONFERENCE FEES (13-17 YEARS OF AGE): \$52.00
- 1-DAY CHILD PRE-REGISTRATION FEE & CONFERENCE FEES (4-12 YEARS OF AGE): \$44.00
- 1-DAY TODDLER PRE-REGISTRATION FEE (3 YEARS & UNDER): \$10.00

Youth Fee: \$ \_\_\_\_\_

Child Fee: \$ \_\_\_\_\_

Toddler Fee: \$ \_\_\_\_\_

PAID BY: (Circle one) CASH, CHECK, MONEY ORDER # \_\_\_\_\_  
Credit/Debit (3.5% + \$0.15 fee is charged)

At least a 50% payment must accompany your registration.

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#: \_\_\_\_\_