

**July 17-21, 2019 80th ANNUAL TEKAKWITHA CONFERENCE AT THE SHARONVILLE CONVENTION CENTER
TYPE OR PRINT CLEARLY. USE ONLY THIS PRE-REGISTRATION FORM OR A PHOTOCOPY USE ONE FORM PER PERSON**

Mail all registrations and payments in U.S. CHECK, U.S. MONEY ORDER, OR U.S. BANK DRAFT to:

**TEKAKWITHA CONFERENCE 2225 North Bolton Ave Alexandria, LA 71303-4408
ENTIRE FORM MUST BE COMPLETED, SIGNED AND POSTMARKED BY JUNE 15, 2019.**

TITLE: Circle one Most Rev. Rev. Msgr. Deacon Sister Brother Dr. Mr. Mrs. Ms. Miss

GIVEN NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ DATE OF BIRTH: _____ AGE: _____ SEX: _____

TRIBE/NATION: _____ ARCH/DIOCESE: _____

MEMBERSHIP DUES: NON-REFUNDABLE AND NON-TRANSFERABLE VALID July 1, 2018 – June 30, 2019 Dues \$ _____

SENIOR (55 +) \$25.00 / ADULT (18-54 yrs.) \$30.00 / SENIORS/ADULTS 18 & over (OUTSIDE USA) \$35.00

New Member _____ Renewal _____ Membership # (optional) _____

****You may RENEW your membership for : July 1, 2019—June 30, 2020 Dues \$ _____**

If you are a **non-member** registering for the Annual Conference you may pay your membership dues now for July 1, 2018 – June 30, 2019 and pay **member conference fee** as indicated on this registration form **OR** pay the non-member conference fee.

REGISTRATION FEE: NON-REFUNDABLE AND NON-TRANSFERABLE REQUIRED OF ALL PARTICIPANTS, ALL AGES INCLUDING INFANTS/TODDLERS

Registration fee per person: \$ 25.00

You must be a current member (Paid for July 1, 2018-June 30, 2019) in order to receive the member pricing.

CONFERENCE FEES BELOW

	<u>MEMBER</u>	<u>NON-MEMBER</u>	<u>YOUTH</u>	
Senior(55 yrs. & over).....	\$110.00	\$150.00	N/A	
Adult (18-54 yrs.).....	\$135.00	\$175.00	N/A	
Youth (13-17 yrs.).....	N/A	N/A	\$80.00	
Child (4-12 yrs.).....	N/A	N/A	\$55.00	CONFERENCE FEE \$ _____
Toddler (3 yrs & under).....	Registration Fee Only.....No Charge			

EARLY-BIRD DISCOUNT APPLIES: If postmarked by March 25, 2019 \$ 15.00

PLATED MEALS SERVED: Wednesday July 17 Dinner; Thursday - Saturday Lunch & Dinner.

Meals include: beverage, 24% service charge, & 9% taxes. **SOLD AS MEAL PACKAGE ONLY.** This does not include breakfast.

Adult & Youth (13 and Up).....	\$185.00	
Child (4-12).....	\$100.00	Meals\$ _____
Toddler (3 yrs. & under).....	No Charge	





ANY CANCELLATIONS AFTER JUNE 1, 2019 THE MEAL FEE WILL BE NON-REFUNDABLE.

No meals orders accepted after June 15, 2019.

Food Allergies: _____

Special Meals: Vegetarian: _____ Vegan: _____ Gluten Free: _____

CREDIT CARD AUTHORIZATION FORM***

Card Type:    

NAME ON CARD: _____

CREDIT CARD NUMBER: _____

EXP DATE: _____

ZIP CODE: _____ CVV#: _____

N.B. A minimum of 50% of AMOUNT DUE must accompany pre-registration form. Total \$ _____

OPTIONAL: Donation to Friends of Saint Kateri Restricted Fund: (your choice) Donation\$ _____

AMOUNT PAID \$ _____

Balance Due \$ _____

*****Credit/Debit (3.5% + \$0.15 fee is charged)**

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Emergency Contact at Conference _____ Relationship _____ Cell Phone # _____

Alternate Contact _____ Relationship _____ Contact Phone # _____

COMPLETE AND/OR BRING MEDICAL INFORMATION

Medication Allergies: _____

My Prescriptions and ailments: _____

(Please Check One) _____ Will bring own wheelchair _____ Will need a wheelchair on-site for my use

*** **Registrations post marked after June 15, 2019, an additional late fee of \$15.00 will apply.** ON-SITE REGISTRATION WILL BE AVAILBABLE at the Sharonville Convention Center beginning July 17, 2019 with a \$15.00 late fee. Cancellation Fee is \$40.00; Membership Dues and Registration Fee are non-refundable and non-transferable.

Cancellation requests must be received in writing before or on September 1, 2019 to the Tekakwitha Conference Office.

In case of illness or injury, I hereby authorize emergency medical treatment for my minor child, guardian or myself, and agree to assume full responsibility for any such treatment, including payment of costs and any claims arising from or associated with such medical treatment. I accept all the policies of the Tekakwitha Conference, Sharonville Convention Center and Conference Hotels.

*** **EACH ADULT REGISTRATION FORM MUST BE SIGNED AND DATED BY THE ADULT BELOW.**

*** **EACH REGISTRATION FORM FOR YOUTH, CHILD, TODDLER MUST BE SIGNED AND DATED BY AN ADULT BELOW.**

SIGNATURE (FULL NAME)

DATE

PRINT (FULL NAME)

Photo Release: Tekakwitha Conference's legal representatives, videographer, & photographers retain the rights and permission to publish without charge photographs and videos/dvds taken during this event. These images may be used in publications such as in electronic publications or in audio-visual presentation, promotional literature, advertising, or in other similar ways by the Tekakwitha Conference.

I give my permission for my photo release: Yes _____ No _____ (Signature Required)

SIGNATURE

DATE

TRANSPORTATION INFORMATION REQUIRED: Complimentary airport shuttle is available by 2019 Planning Committee from the Cincinnati/Northern Kentucky Airport to conference hotels specified. **Clarion Hotel - Cincinnati North** **Hyatt Place Hotel**

Please check one of the following **before June 15, 2019:**

I will need transportation from Cincinnati/Northern Kentucky Airport:

on Wed. JULY 17 YES _____ NO _____

on Sun. July 21 YES _____ NO _____

If shuttle service is needed, please provide the following information **before or by June 15, 2019.**

ARRIVAL:

July 18: Airline _____ Flight # _____ Time _____

DEPARTURE:

July 22: Airline _____ Flight # _____ Time _____

Which hotel are you staying? (please check one) _____ Clarion Hotel - Cincinnati North _____ Hyatt Place Hotel

I am traveling by: (Please Check One) _____ Car _____ Chartered Bus

*****If you have not made your travel and hotel arrangements, please e-mail or call when you make them.

For more information, Contact: Tekakwitha Conference Phone 1-844-483-3900 Fax 1-318-483-3909 E-mail tekconf@gmail.com

_____ Yes, I would like to pre-order t-shirts. I agree to pick up and pay at the Tekakwitha Conference Vendor Table by Friday, 3:00 pm on July 19, 2019.

Please indicate number and sizes needed below. Color options and prices are not available at this time. NO prepayments for t-shirts.

S M L XL XXL XXXL XXXXL

We can not accept T-SHIRT orders after June 15, 2019