

9TH TRIBAL LAND STAFF NATIONAL CONFERENCE



2019 REGISTRATION FORM

March 26-28, 2019

Mystic Lake Center ♦ Near Minneapolis, Minnesota

Complete separate registration form for each participant & return to ILTF or register online at www.ntla.info/conference

Name _____ Title / Department _____

Tribe/Organization _____

Address _____

City/State/Zip _____

Work Phone _____ Fax _____ Cell _____

Email Address _____

By participating in this conference, I hereby authorize the National Tribal Land Association (NTLA) and the Indian Land Tenure Foundation (ILTF) to use any photographs, likeness, characterizations, or other resemblances of me, with or without endorsement, for any and all purposes. This includes, but is not limited to advertising, announcements, website usage, and publicity to promote NTLA and ILTF. I hereby waive any right I may have to compensation or approval of the final form and content of the aforementioned. NTLA and ILTF promise to use the aforementioned materials only in good taste.

I hereby authorize the National Tribal Land Association (NTLA) and Indian Land Tenure Foundation (ILTF) to use my name and contact information in a conference participant list to be shared with conference attendees ONLY. The list will include name, job title, organization and email address. Check the box below if you NO NOT want your name and contact information included on this list. Do not include my information on the 2019 participant list.

Tribal Land Staff National Conference—March 26-28, 2019

Early Registration on or before February 1, 2019

\$500 \$ _____

Registration after February 1, 2019 and On-site (No Exceptions!)

\$600 \$ _____

\$ Total Due

PAYMENT INFORMATION: All registrations must be accompanied with payment in full. *Scholarships are not available.*

Check Enclosed (made payable to ILTF). Mail registration form and check payment to:

NTLA c/o Indian Land Tenure Foundation, 151 East County Road B2, Little Canada, MN 55117

Credit Card Payment: Complete the information below and fax to: 651-766-0012

Type of Card: Visa MasterCard Discover American Express

Credit Card Number: _____ Expiration Date: _____ CV2 Code: _____
(MONTH/YEAR)

Name as it appears on card: _____ Cardholder Signature: _____
(PLEASE PRINT)

Cancellation and Refund Policy: Request for cancellation must be in writing to ILTF and received by March 1, 2019. All cancellations are subject to a \$75.00 processing fee. No refunds will be made after March 1, 2019. Room reservations must be cancelled directly through the hotel.

Co-hosted by:



www.ntla.info



www.iltf.org

151 County Road B2 East ♦ Little Canada, MN 55117 ♦ 651-766-8999 ♦ fax 651-766-0012