

# 10<sup>TH</sup> TRIBAL LAND STAFF NATIONAL CONFERENCE



## 2021 REGISTRATION FORM

**March 23-25, 2021**

**Virtual Conference**

Please complete this form to register one person for the conference.  
To register additional people from your organization, please use the form on page 2.

Name \_\_\_\_\_ Title / Department \_\_\_\_\_

Tribe/Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

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 if you DO NOT want your name and contact information included on this list.  Do not include my information on the 2021 participant list.

### Tribal Land Staff National Conference—March 23-25, 2021

Registration Fee (per person)	\$50
Total Number of Registrants	_____
Total Payment	\$ <input type="text"/>

Check this box if you are a ILWG Participant.

**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

**Invoice:** Check this box if you would like to receive an invoice

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 15, 2021**.

Co-hosted by:



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## 2021 REGISTRATION FORM CONTINUED

### Additional Registrants:

Add all additional registrants to the list below.

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_