

2024 Registration Form

13TH Tribal Land Staff National Conference

April 2-4, 2024 ♦ Planet Hollywood ♦ Las Vegas, NV



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 _____

Add additional registrant information on page 2

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 2024 participant list.

Tribal Land Staff National Conference -- April 2-4, 2024	
Early Registration Fee through February 29 (per person)	<input type="checkbox"/> \$500
Regular Registration Fee after March 1 (per person)	<input type="checkbox"/> \$600
Total Number of Registrants	_____
Total	\$ <input type="text"/>

PAYMENT INFORMATION: All registrations must be accompanied with payment in full.

- 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
- Invoice:** Check this box and email this form to Gabby Campose at gcampos@iltf.org if you would like to receive an invoice from NTLA.

If you would like to pay by credit card please visit the online registration form on the website located here: <https://www.ntla.info/conference/>

Cancellation and Refund Policy: Request for cancellation must be in writing to ILTF and received by February 29, 2024. Refunds will NOT be issued until after the conference has ended.

Co-hosted by:



www.ntla.info



www.iltf.org

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Additional Registrants:

Add all additional registrants to the list below.

Name _____ Title/Department _____

Email _____ Phone _____

Address _____

City/State/Zip _____

Name _____ Title/Department _____

Email _____ Phone _____

Address _____

City/State/Zip _____

Name _____ Title/Department _____

Email _____ Phone _____

Address _____

City/State/Zip _____

Name _____ Title/Department _____

Email _____ Phone _____

Address _____

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Address _____

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