

CONFERENCE 2010

71TH ANNUAL CONFERENCE PRE-REGISTRATION FORM
July 28- AUG, 2010 ALBUQUERQUE CONVENTION CENTER, ALBUQUERQUE, NEW MEXICO
TYPE OR PRINT CLEARLY. USE ONLY THIS PRE-REGISTRATION FORM.
USE ONE FORM PER PERSON. Make photocopies as needed.

Mail all registrations and payments in U.S. FUNDS to:
TEKAKWITHA CONFERENCE PO Box 6768 Great Falls, MT 59406-6768
ENTIRE FORM MUST BE COMPLETED, SIGNED AND POSTMARKED BY JUNE 30, 2010.

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

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, 2010 – June 30, 2011
 Membership can be renewed and dues paid with this completed conference registration form.
SENIOR (55 +) \$20.00 / ADULT (18-54 yrs.) \$25.00 / SENIORS/ADULTS 18 & over (OUTSIDE USA) \$25.00
 New Member _____ Renewal _____ Membership # (optional) _____ **Dues \$ _____**

If you are a non-member registering for the Annual Conference you may pay your membership dues now and pay the 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

CONFERENCE FEE:		PER PERSON Registration \$ + 25.00
Senior (55 yrs & over)	MEMBER	
Adult (18-54 yrs.)	NON-MEMBER	
Youth (13-17 yrs.)	YOUTH	
Child (4-12 yrs.)		Conference Fee \$ _____
Toddler (3 yrs & under)		
		No Charge

PLATED MEALS: Wed. July 28, dinner; Thurs. July 29, lunch & dinner; Fri. July 30, dinner; Sat. July 31, lunch & dinner.

Meals include salad, dessert, beverage, gratuity (30%). Sold as Meal Package only. Breakfast on your own.

Adult (18 and Up)	\$ 170.00	Meals \$ _____
Youth (13-17)	\$ 110.00	
Child (4-12)	\$ 90.00	
Toddler (3 yrs & under)	No Charge	

OPTIONAL: Donation to Friends of Kateri Tekakwitha Fund

Donation \$ _____

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

My payment Date _____ Check/Money Order # _____ **AMOUNT PAID \$ _____**

BALANCE DUE (enter 0. if paid in full) \$ _____

On-Site Registrations will be accepted with a LATE FEE OF \$15.00. Please do not mail Registration Form after June 30, 2010.
Cancellation Reminder: Cancellation Fee of \$15.00 is charged; Registration Fee, \$ 25.00, and Membership Fee are not returned.

REGISTRATION

CONFERENCE 2010

FOR WHEELCHAIR, CHECK ONE Will bring own wheelchair Will need a wheelchair for my use
IN CASE OF EMERGENCY, PLEASE NOTIFY:
Conference Attendee _____ Relationship _____ Cell Phone # _____
Alternate Contact _____ Relationship _____ Home Phone # _____
Cell Phone # _____

COMPLETE AND/OR BRING MEDICAL INFORMATION

Food Allergies: _____
Vegetarian Diet: _____ Yes _____ No _____
Other Allergies: _____

My prescriptions and ailments: _____

(If additional space is needed, use back of this form.)

In case of illness or injury, I hereby authorize emergency medical treatment for my minor child, guardian and 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 and the Albuquerque Convention Center, Albuquerque, NM.

***** 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) _____

TRANSPORTATION INFORMATION REQUIRED:

Tekakwitha Conference complimentary shuttle from/to the Albuquerque International Sunport or Greyhound Bus Terminal or Amtrak, to Doubletree Hotel ONLY Wednesday, July 28 and Sunday, August 1, 2010. When your travel arrangements are complete, please notify us if you want the Tekakwitha Conference complimentary shuttle.

Please check one of the following:

Will need transportation from Albuquerque International Sunport, Greyhound Bus Terminal, Amtrak to the Doubletree Hotel on Wed. July 28 YES _____ NO _____
Will need transportation from the Doubletree Hotel to Albuquerque International Sunport, Greyhound Bus Terminal or Amtrak on Sun. August 1 YES _____ NO _____

If YES, please provide the following information ASAP

ARRIVAL:

July 28: Airline _____ Flight # _____ Time _____
July 28: Greyhound Bus Terminal _____ Time _____
July 28: Amtrak _____ Time _____

DEPARTURE:

Aug 1: Airline _____ Flight # _____ Time _____
Aug 1: Greyhound Bus Terminal _____ Time _____
Aug 1: Amtrak _____ Time _____

For more information, Contact: Tekakwitha Conference Phone 1-800-842-9635 Fax 1-406-452-9845 E-mail tekconf@gmail.com

FORM