

Conference 2012

July 18th-22nd, 2012 73rd ANNUAL TEKAKWITHA CONFERENCE AT THE AIRPORT HOLIDAY INN, ALBANY, NEW YORK
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. FUNDS to:

TEKAKWITHA CONFERENCE PO Box 6768 Great Falls, MT 59406-6768

ENTIRE FORM MUST BE COMPLETED, SIGNED AND POSTMARKED BY **JUNE 15, 2012.**

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

NAME: _____
 MAILING ADDRESS: _____ ZIP/POSTAL CODE: _____
 CITY: _____ STATE/PROV: _____ WORK PHONE: _____ CELL PHONE: _____
 HOME PHONE: _____ DATE OF BIRTH: _____ AGE: _____ SEX: _____
 E-MAIL ADDRESS: _____ ARCH/DIOCESE: _____
 TRIBE/NATION: _____

MEMBERSHIP DUES: NON-REFUNDABLE AND NON-TRANSFERABLE VALID July 1, 2012 – June 30, 2013
 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 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 FEE \$ 25.00**

MEMBER	NON-MEMBER	YOUTH
Senior (55 yrs & over) \$ 110.00	\$ 150.00	
Adult (18-54 yrs.) \$ 135.00	\$ 175.00	
Youth (13-17 yrs.)		\$ 80.00
Child (4-12 yrs.)		\$ 55.00
Toddler (3 yrs & under)		No Charge

Registration Fee Only Applies: _____ No Charge

PLATED MEALS: Wed. July 18, dinner; Thurs. July 19, lunch & dinner; Fri. July 20, lunch & dinner; Sat. July 21, Pilgrimage.
 Meals include, dessert, beverage, gratuity & tax (30%). **SOLD AS MEAL PACKAGE ONLY.** Breakfast on your own.

Adult (18 and Up)	\$ 125.00	Meals \$ _____
Youth (13-17)(Youth menu will be provided).....	\$ 105.00	
Child (4-12)(Youth menu will be provided).....	\$ 75.00	
Toddler (3 yrs & under)	No Charge	

OPTIONAL: Donation to Friends of Kateri Tekakwitha Fund (\$10/\$15/\$20, your choice) Donation \$ _____

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

AMOUNT PAID \$ _____
 BALANCE DUE \$ _____

***Registrations after June 15, 2012, will be accepted at the Holiday Inn beginning July 18, 2012, and an additional fee of \$15.00 will apply. Cancellation Reminder: Cancellation Fee is \$40.00; Membership Dues are non-refundable. Cancellation requests must be received in writing by October 1, 2012 to the Tekakwitha Conference Office.

WHEELCHAIR: CHECK ONE _____ Will bring own wheelchair _____ Will need a wheelchair for my use

Conference 2012

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Conference Attendee _____ Relationship _____ Cell Phone # _____
Alternate Contact _____ Relationship _____ Contact Phone # _____

COMPLETE AND/OR BRING MEDICAL INFORMATION

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

My prescriptions and ailments: _____

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 Airport Holiday Inn, Albany NY.

***** 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:

_____ **YES, I need transportation from the Airport Holiday Inn to Auriesville and Fonda Pilgrimage on Saturday July 21, 2012.**

Complimentary airport shuttle is available from/to the Albany Airport, to The Airport Holiday Inn daily, 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 Albany Airport to The Airport Holiday Inn
on Wed. July 18 YES _____ NO _____

Will need transportation from The Airport Holiday Inn to the Albany Airport
on Sun. July 22 YES _____ NO _____

If shuttle service is needed, please provide the following information as soon as available.

ARRIVAL:

July 18: Airline _____ Flight # _____ Time _____
July 18: Greyhound Bus Terminal _____ Time _____
July 18: Amtrak _____ Time _____

DEPARTURE:

July 22: Airline _____ Flight # _____ Time _____
July 22: Greyhound Bus Terminal _____ Time _____
July 22: Amtrak _____ Time _____

Please provide your hotel name

For more information, Contact: Tekakwitha Conference Phone 1-800-842-9635 Fax 1-406-452-9845 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 Office Vendor Table by 3:00 pm on July 19, 2012. Please indicate number and sizes needed below. Color options and prices are not available at this time.**

S _____ M _____ L _____ XL _____ XXL _____ XXXL _____



= Folds



= Trim



= Safe Area



= Bleed