MEMBER TRIBE REGISTRATION FORM

NAFOA
Growing Tribal Economies. Strengthening Tribal Finance.

41st Annual Conference

Renaissance Washington DC Hotel • **April 24-25, 2023**

***NAME**

***MEMBER TRIBE/TRIBAL BUSINESS SUBSIDIARY**

TITLE

***EMAIL**

ADDRESS

PHONE NUMBER

***EMERGENCY CONTACT NAME AND PHONE NUMBER**

*Required field

Registration Information: As a benefit of being a Member Tribe of NAFOA, your tribe receives a half-price registration, after the first paid registration to the conference. The registration includes admittance to all education sessions, social functions, breakfasts, and lunches. You can check Member Tribe status here **https://nafoa.org/tribes**.

❏ **Member Tribe or ANC** **$500**
1st, 3rd, and subsequent registrations
Councilmember or Employee of a Tribe or Tribal Enterprise

❏ **Member Tribe or ANC** **$250**
2nd registration – half price
Councilmember or Employee of a Tribe or Tribal Enterprise

❏ **Closing Reception**
Please indicate if you will attend the complimentary closing reception on **Tuesday, April 25.**

Early Registration (prices above) ends March 24, 2023. After that date, add $100.00.

❏ **Optional Education Donation**
I would like to make a donation of $25 or another amount _____ to support Native American students participating in NAFOA education programs.

Cancellation Policy
Registration fees (minus a $50 processing fee) will be refunded if a written cancellation notice is received by **March 24, 2023.** After this date, a credit will be held to attend the Fall 2023 or Spring 2024 NAFOA Conference.

Photography Policy
NAFOA takes photographs during its meetings and events for use in the post-conference follow up broadcast and promotional materials. By participating in the 41st Annual Conference, you grant NAFOA the right to use your photograph for such purposes.

COVID-19 RELEASE & HOLD HARMLESS AGREEMENT: ALL REGISTRANTS/ATTENDEES AND/OR THEIR LEGAL GUARDIANS MUST SIGN THIS LIABILITY WAIVER IN ORDER TO ATTEND A NAFOA EVENT/MEETING.
By registering and attending a NAFOA event/meeting you acknowledge that there is an unknown risk of exposure to COVID-19 and/or other diseases through exposure to contaminated objects, as well as through personal contact. Such exposure carries with it a certain degree of risk that could result in illness, disability or death. You hereby agree to release and hold harmless NAFOA, its employees, officers, directors, volunteers, and vendors from and against all claims of damages and liability resulting from exposure to COVID-19 or other diseases.

❏ **I have read the COVID-19 Liability Waiver**

Payment Information

Credit Card ❏ Visa ❏ Mastercard ❏ American Express

NAME ON CARD

CREDIT CARD NUMBER

CVV CODE EXPIRATION

CREDIT CARD BILLING ADDRESS

CITY STATE ZIP CODE PHONE

Please email scanned form to **missy@nafoa.org**. If paying by check, please make check payable to NAFOA, and mail to: 1101 30th Street, NW, Suite 500, Washington, DC 20007.