

MEMBER TRIBE REGISTRATION FORM

NAFOA 2025 Fall Finance & Tribal Economies Conference

Hilton Portland Downtown, Portland, OR • September 22-23, 2025

Growing Tribal Economies. Strengthening Tribal Finance.

*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 ONE 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, September 23**.

***Early Registration (prices above) ends August 22, 2025. After that date, the rate is \$650 (\$325 for half price).**

☐ **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 **August 22, 2025**. After this date, a credit will be held to attend a 2026 NAFOA Conference.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, AND PHOTOGRAPHY RELEASE

By registering for or attending any NAFOA Event, I acknowledge that I have read, understood, and agree to be bound by all terms and conditions set forth by NAFOA. I understand that attendance involves inherent risks including but not limited to illness, injury, and property damage. I voluntarily assume all such risks and release NAFOA, its officers, employees, and representatives from any related claims or liability, whether caused by negligence or otherwise. I grant NAFOA permission to photograph, record, and use my image, voice, and name in event-related media for any lawful purpose without compensation. NAFOA retains all rights to such media.

☐ **I acknowledge and agree to NAFOA's event terms and conditions**

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.