

# SUMMIT HIGHLIGHTS

- Domestic Violence
- Policy & Regulations Updates
- Economic Development
- Education
- Renewable Energy
- Law Enforcement
- Health
- Indian Country
- Environmental
- Political Candidate Platforms
- **Registration includes lunches, CEUs and one (1) wristband for entry to the 41st Annual United Tribes International Powwow.**

**Questions About Registration?**  
**Email: [summit@uttc.edu](mailto:summit@uttc.edu)**

**LODGING INFORMATION**  
*(Participants are responsible for their own lodging accommodations and reservations.)*

- ADDITIONAL INFORMATION**
- *Early registration is available until August 27, 2010.* Hurry to get your discounted conference fees.
  - The Doublewood Inn has a block of rooms set aside at a special rate for Summit participants until August 23rd. If you would like to reserve a room at the Doublewood under the Tribal Leaders Summit block, please call: 701-258-7000. You must give them the codeword: [summit](#)

**Other Room Blocks:**

Radisson Hotel ..... 701-255-6000  
Ramkota Hotel ..... 701-221-3030

- The conference facilities are located at the Bismarck Civic Center Exhibition Hall in Parking Lot A.
- **Please include payment when you send the registration. Registrations are considered complete only when payment has been made.**

**More information about Summit events is available online at [www.uttc.edu](http://www.uttc.edu)**



**September 8, 9, 10, 2010**  
**Bismarck Civic Center**  
**Bismarck, ND**

**REGISTRATION**  
**FORM**



# Tribal Leaders Summit XIV

## September 8, 9, 10, 2010

(Early Bird Registration Deadline: August 27, 2010)

### MULTI-CONFERENCE REGISTRATION FORM

#### I. Three easy ways to register:

- ⇒ Register Online at: [www.uttc.edu](http://www.uttc.edu) / Events tab
- ⇒ Fax the completed form and payment information to 701-530-0656 (or)
- ⇒ Mail the completed form with payment to: United Tribes Technical College / Business Enterprises  
3315 University Drive / Bldg. 11 / Bismarck, ND 58504-7565 (or)  
For information call: 701-255-3285 Ext.1491 or direct at: 701-224-7240 or e-mail [summit@uttc.edu](mailto:summit@uttc.edu)  
**Make remittance payable to United Tribes Technical College.**

#### II. Registration Information:

Dr.  Mr.  Ms.

Last \_\_\_\_\_

First \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### III. Conference Registration and Payment Information:

If submitting more than one registration, please fill out additional registration forms.

- |  |            |          |          |          |
|--|------------|----------|----------|----------|
| <input type="checkbox"/> Tribal Leaders Summit XIV .....   | Early Bird | \$300.00 | Full Fee | \$350.00 |
| <input type="checkbox"/> Tribal Transportation Planners Conference.....                          |            | \$150.00 |          | \$200.00 |
| <input type="checkbox"/> I would like CEUs and a Certificate for attending this Conference ..... |            | \$0.00   |          | \$0.00   |

(You will be asked to complete a short form at registration to receive the CEUs). Participants must provide Social Security Number and Tribal Identification cards.

Number of Registrants: \_\_\_\_\_ x Conference Fee = \$ \_\_\_\_\_ = (Total Amount Due) \$ \_\_\_\_\_

TYPE OF PAYMENT: (Do not send cash)

- Check # \_\_\_\_\_  Money Order  Credit Card  
(Enclosed, include name of participant(s))

(Complete Credit Card information below.)

TYPE OF CREDIT CARD:

- Visa  Discover  Mastercard  American Express

AMOUNT: \$ \_\_\_\_\_

CreditCard #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Cardholder Phone: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_

**\*\*Registration is not complete without payment.**

All fees are non-refundable. Your registration must be received electronically or postmarked by August 27 to qualify for the Early Bird registration. All registrations/payments made after August 27 must be made for the Full Fee amount. Purchase orders are not considered payment.

#### IV. Tell Us About Yourself:

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Name as you would like it to appear on your name badge: \_\_\_\_\_

Make a copy of this completed form for your records.