

National Indian Gaming Commission St. Paul Region Consultation

Radisson Hotel Bismarck, ND September 7-8, 2011

Consultation Registration Form

Tribe I	nform	ation
---------	-------	-------

All fields are required

Tribe Name

Entity registrant represents

If you selected "Other" Please enter Agency Name here

Attendee Information

Name (First & Last)

Business Street address

Business contact phone number Ext.

*include area code - numbers only please

Position/Title

City/State/Zip

Business E-mail address

For further information or questions, please contact:

Rita Homa Executive Assistant

1441 L Street, N.W. Suite 9100 Washington, DC 20005 Phone: (202) 418-9807 Please use this button to **submit via E-mail** (Outlook or Internet based e-mail)

or

Please use this button to print & submit via fax to (202) 632-0045

NOTE: Please use a separate form for <u>each</u> attendee