



# National Indian Gaming Commission Sacramento Region

## Regulatory Review Consultation Spa Resort Casino - Palm Springs May 2, 2011

### Consultation Registration Form

#### Tribe Information

*\*\*All fields are required\*\**

Tribe Name

Entity registrant represents

#### Attendee Information

If you [do not](#) represent a Tribe/Tribal Casino/Tribal Gaming Commission entity, please enter agency name above.

Name (First & Last)

Position/Title

Business Street address

City/State/Zip

Business contact phone number

Ext.

*\*include area code - numbers only please*

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

or

Please use this button to [submit via E-mail](#) (Outlook or Internet based e-mail)

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

**NOTE: Please use a separate form for each attendee**