

National Indian Gaming Commission St. Paul Region

Regulatory Review Consultation Mystic Lake Casino & Resort May 16, 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 | Please use this button to submit via E-mail (Outlook or Internet based e-mail) |
| Executive Assistant 1441 L Street, N.W. Suite 9100 Washington, DC 20005 Phone: (202) 418-9807 | 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