

NATIONAL CONGRESS OF AMERICAN INDIANS
 2009 Mid-Year Conference - Niagara Falls, New York
 June 14-17, 2009

REGISTRATION FORM

REGISTRATION FORM MAY BE DUPLICATED

PLEASE TYPE OR PRINT REGISTRANTS INFORMATION CLEARLY

Name: _____			Daytime Phone: _____
Title: _____			Fax: _____
Representing Organization/Tribe: _____			Email: _____
Address: _____			Member Tribe Delegation Only (check one): <input type="radio"/> Delegate <input type="radio"/> Alternate (See Tribal Membership Section below)
City: _____	State: _____	Zip Code: _____	

IMPORTANT REGISTRATION INFORMATION -- READ CAREFULLY

1. Payment must be postmarked by May 21, 2009, to receive pre-registration rates.
2. Do not fax registration forms after May 21, 2009.
3. Faxed copies of checks do not constitute payment!
4. To receive membership registration rates you must be a current 2008-09 Individual Member or a Lifetime Member. If you are a Lifetime Member check here:
5. All Membership dues are Annual dues and are payable at the Annual Session. If you paid your dues in Phoenix, AZ. or at 2009 Executive Winter Session do not pay at this time.

MEMBERSHIP FEE (November 2008 - October 2009)	MEMBERSHIP AMOUNT
<input type="checkbox"/> \$40 Indian Individual (voting) <input type="checkbox"/> \$500 Associate Organization (non-voting)	\$
<input type="checkbox"/> \$40 Non Indian Individual (non-voting) <input type="checkbox"/> \$1,000 Indian Lifetime Individual (voting)	

REGISTRATION FEES	REGISTRATION AMOUNT
PRE-REGISTRATION (Deadline: MAY 21, 2009) Member \$325 <input type="checkbox"/> Non-Member \$375 <input type="checkbox"/> Student \$175 <input type="checkbox"/>	\$
ON-SITE REGISTRATION (After MAY 21, 2009) Member \$425 <input type="checkbox"/> Non-Member \$475 <input type="checkbox"/> Student \$250 <input type="checkbox"/>	

2008-2009 TRIBAL MEMBERSHIP	TRIBAL MBRSHIP AMOUNT
Tribe: _____ Area: _____ Annual Dues: \$ _____ New Tribal Member Current Tribal Member	\$
Tribal Resolution for membership is required, see Rules & Credentials Committee on-site.	

CONTRIBUTIONS	CONTRIBUTION AMOUNT
\$ _____ The NCAI \$ _____ The NCAI Fund	\$
Contributions to the NCAI Fund are Tax-Deductible. (Federal Tax I.D.No. 53-6017907)	

METHOD OF PAYMENT Please Note: NO INVOICING	GRAND TOTAL
Enclosed is a check or money order (payable to NCAI) Please charge fees to my credit card: VISA MC	= \$
No. _____ Exp _____	
Name on Card: _____	
Signature: _____	

WHERE TO SEND THIS FORM AND FEES
NCAI 1301 Connecticut Ave., NW Suite 200 Washington, DC 20036 202.466.7767 phone 202.466.7797 fax

FOR STAFF USE ONLY (Please do not write in this area)	IMPORTANT REMINDERS
PAYMENT RECEIVED: \$ _____	<ul style="list-style-type: none"> Convention fees are used to defray NCAI operating costs. Therefore, it is NCAI's policy NOT to refund or credit of registration fees. Do not fax registration forms after May 21, 2009!
CASH	
CREDIT CARD AUTH. NO: _____	
CHECK NO.: _____	
RECEIVED BY: _____	
DATE: _____	
NOTE: _____	
EVENT: _____	

Register On-Line at www.ncai.org until May 28, 2009 and Receive Pre-Registration Rates!