

*Celebrating the Tapestry of Health and Wellness:  
Sharing Wisdom and Showcasing Innovation*

## Registration Form - Elected Tribal Leaders

### I. Registration Profile

Registrations **MUST BE** received by **June 22, 2009**.

» Registration Fee - \$225

\* required field

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First Name\*

Last name\*

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Title

Degree(s)

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Facility Name

Organization\*

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Tribes Represented by Your Organization

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Address\*

---

Address 2

---

City\*

State\*

Postal Code\*

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Phone\*

Fax

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Email\*

### II. Other Information

Check appropriate box:

IHS

Urban Program

Tribal Program

Other \_\_\_\_\_

Please list any special dietary needs:

Please list any disability accommodations:

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### III. Payment Information

» Registration Fee - \$225

Visa

Master Card

Check (payable to; "the Hill Group")

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Total \$ \_\_\_\_\_

Please email this form to [jkim@thehillgroup.com](mailto:jkim@thehillgroup.com), or fax to 301-897-9587, or mail original with payment to:

Indian Health Summit  
c/o the Hill Group  
6903 Rockledge Drive, Suite 540  
Bethesda, MD 20817  
Email: [kdeleon@thehillgroup.com](mailto:kdeleon@thehillgroup.com)  
Phone: 301.897.2789 x132  
Fax: 301.897.9587