

*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

First Name*

Last name*

Title

Degree(s)

Facility Name

Organization*

Tribes Represented by Your Organization

Address*

Address 2

City*

State*

Postal Code*

Phone*

Fax

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, or fax to 301-897-9587, or mail original with payment to:

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