



EVENT REGISTRATION FORM

STEP 1: PROVIDE US WITH YOUR INFORMATION

NAME _____ BADGE TITLE _____

NAME OF ORGANIZATION _____

E-MAIL (FOR CONFIRMATION) _____

ADDRESS _____ CITY _____ STATE _____

POSTAL CODE _____ TELEPHONE _____

WHERE DID YOU HEAR ABOUT OUR CONFERENCE? _____

STEP 2: SELECT YOUR REGISTRATION OPTION (PRICING INCLUDES COMPLIMENTARY BREAKFAST AND LUNCH)

Register and pay by June 21, 2019	Conference Fees		
	Regional Healthcare Staff	Non-Healthcare Staff	1-Day Conference Fee
Health Professional, Healthcare Administrator, Community Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$100

TOTAL \$ _____

STEP 3: SELECT YOUR METHOD OF PAYMENT

Payment by Check **Complete, copy, and return this form, along with a check made payable:**
Association of Indians of Self-Determination in Healthcare
Attention: Vanessa Lee, P.O. Box 600, Tuba City, Arizona, 86045

Master Card **Visa Card** **American Express**

Name as it appears on the Card: _____

Card Number: _____ Expiration Date _____ CSC: _____

Signature: _____

Step 4: E-mail this complete form to: Vanessa.Lee@TCHEALTH.ORG

ACCOMODATIONS

A block of rooms has been placed on hold at Sandia Resort & Casino.
Please reference the Booking ID# 6878 when making reservations over the phone.

Click here to make an on-line reservation:

<https://book.b4checkin.com/chameleon/sandia/rlp/638AssociationIndiansforSelf-DeterminationinHealthcare>

Group Name: 2nd Annual Trends In Self Determination in Healthcare Conference

Booking ID#: 6872

Check-in: 26-JUN-2019

Check-out: 29-JUN-2019

Hotel Name: Sandia Resort & Casino

Phone Number: 505-796-7500

Hotel Address: 30 Rainbow Road NE, Albuquerque, NM 87113