



## 2007 Sharing Indigenous Wisdom Conference Exhibit Registration

Organization Name:

Contact Name:

Products/Services that you will be featuring:

Address:

City:

State/Province:

Postal Code:

Country

Organization/Affiliation:

Phone:

Fax:

Email:

**Exhibit fee: (in US \$)**

\_\_\_\_ Exhibit Registration (\$500), Includes one 6 foot exhibit table

**Total Payment (In US \$):** \$ \_\_\_\_\_

**Additional exhibit needs:**

**Electrical Access**     **Extra Table**     **Other** \_\_\_\_\_  
 **Power Strip**     **Skirt/Drape**

**Check #** \_\_\_\_\_ **Money Order #** \_\_\_\_\_ **Purchase Order #** \_\_\_\_\_

**Visa** \_\_\_\_\_ **Master card** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**The signature below serves as authorization for the College of Menominee Nation to charge the Credit Card Account shown above.**

\_\_\_\_\_  
**Signature**

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**Payment Information**

**To Pay by Check or Money Order:**

Make Checks and Money Orders (in US \$) payable to: **College of Menominee Nation** and mail payment with a copy of Registration form to:

College of Menominee Nation  
Sharing Indigenous Wisdom Conference  
P O Box 1179  
Keshena WI 54135

**To Pay by Purchase Order:**

Send Purchase Orders along with Registration Form to:

College of Menominee Nation  
Sharing Indigenous Wisdom Conference  
P O Box 1179  
Keshena WI 54135

**To Pay by credit card:**

Fax credit card information along with Registration form to:

College of Menominee Nation: 715-799-5951 (fax)