



2007 Sharing Indigenous Wisdom Conference Registration

First Name:

Middle Initial:

Last Name:

Address:

City:

State/Province: Postal Code:

Country

Organization/Affiliation:

Phone: Fax:

Email:

Full Registration Pass: (in US \$)

____ Early Registration by 04/01/07 (\$300)

____ Student/Elder Registration (\$150)

____ Late Registration on or After 04/01/07 (\$375)

Or choose a day pass below

Day Registrations: (in US \$)

- ____ Monday Full Day Sessions (\$100)
- ____ Tuesday Full Day Sessions (\$100)
- ____ Wednesday Reservation Tour (\$150)
- ____ Thursday Full Day Sessions (\$100)
- ____ Friday Full Day Sessions (\$100)

Total Payment (In US \$): \$ _____

Check # _____ **Money Order #** _____ **Purchase Order #** _____

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