



# ATNI CONVENTION REGISTRATION FORM

ATNI MID YEAR CONVENTION 2017

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Org/Tribe: \_\_\_\_\_

Address: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Additional Names For Registration: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Please Select One: Attendee  \*Alternate  \*Delagate

\*Tribal voting delegate and alternates must be certified by tribal resolution except that the chairman of the tribe shall be automatically certified as the voting delegate. Tribal voting delegates and alternates must register using the full event registration rate.

Conference Attendees	Rate
Pre-Event Registration	\$400
Tier 2 after December 16th	\$465
On-Site after January 13th	\$515
Elder/Student Registration \$100	\$100
One Day Event Registration	\$250
Spouse Event Registration	\$100
Individual Lifetime Member Pre-Registration	\$400
Individual Lifetime Member Pre-Registration After Dec. 16th	\$425
Individual Lifetime Member Registration after Jan. 13th	\$450

Tradeshow Vendors	Rate
Indian Arts/Crafts Vendor (1 registration)	\$170
Indian Arts/Crafts Vendor (1 registration meals included)	\$270
Non-Profit Organization (1 registration)	\$270
Tribe/Tribal Enterprise (2 registrations)	\$380
Educational Institute (2 registrations)	\$340
MWESB Small Business Vendor (2 registrations)	\$340
Corporation Exhibitor/Vendor (2 registrations)	\$500
Federal Agency (2 registrations)	\$670
All Gaming Exhibitor/Vendor (2 registrations)	\$700

Tribal Membership Dues: <i>Increase to take effect Fall 2017</i>	Rate
\$30 million or over	\$7,500
\$20 million to \$30 million	\$4,500
\$10 million to \$20 million	\$3,000
\$5 million to \$10 million	\$1,650
\$0 to \$5 million	\$400

Individual / Organization Membership Dues:	Rate
Individual Membership	\$40
Individual Lifetime Membership	\$230
Tribal Organization	\$130
Non-Profit Organization	\$340
Corporate Membership	\$560

*\*ATNI will maintain existing voting structure based on population*

**THIS SECTION COMPLETED BY ATNI STAFF:**

Name On Card: \_\_\_\_\_ CCID#: \_\_\_\_\_ **Total Due:** \_\_\_\_\_

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ **Total Paid:** \_\_\_\_\_

Cash Amount: \_\_\_\_\_ Check #: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_

The Affiliated Tribes of Northwest Indians

Regional Office 6636 NE Sandy Blvd Portland, OR 97213 T: 503.249.5770 E: atni@atntribes.org W: atntribes.org