



ATNI CONVENTION REGISTRATION FORM

ATNI FALL ANNUAL 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 *Delegate

*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 August 11th	\$465
On-Site after September 12th	\$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	\$425
Individual Lifetime Member Registration after September 12th	\$450

Tradeshaw 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: Increase to take effect Fall 2017	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

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