

HR PROFESSIONAL DEVELOPMENT STRATEGIES IN THE TRIBAL WORK ENVIRONMENT

July 20-22, 2010

registration

Albuquerque, NM

REGISTRATION FEES

Standard \$695

Discounts Available for Groups of Four or More.

For information on becoming a vendor/sponsorships contact **Christine Becker** at (505) 967-5086 or email sundance@spinn.net

HOTEL ACCOMMODATIONS:

ISLETA CASINO AND RESORT



11000 Broadway SE Albuquerque, NM 87105

Call Isleta Casino and Resort at 1-8-777-ISLETA to make your reservations.

(Attendees are responsible to make their own hotel reservations.)

Payment Policy: Payments can be made by Visa, MasterCard, or a company check. Please make all checks payable to *Native American Resources, LLC*. In the memo of the check, please write the name of the event and the event attendee. *Native American Resources, LLC* must receive any checks one week prior to the event. For other payment questions, please call (505) 803-6474 or email sundance@spinn.net.

Substitution Policy: Registrants can make substitutions up until the last business day before the event starts.

Cancellation Policy: Cancellations must be received at least 21 calendar days prior to the event start date to receive a refund and will be subject to a \$300 cancellation fee if received after this date

Fax Registration Forms to: (505) 867-1035
or Email to: sundance@spinn.net

Mail payments to:

Native American Resources, LLC

1 Caminito Trail • Placitas, NM 87043

If *Native American Resources, LLC* decides to cancel any or all parts of this event, The Company is not responsible for covering airfare, hotel or any other costs. Speakers, agenda, networking and recreational events are subject to change without notice. **Any pictures taken at the event may be used on any promotional materials after this event.**

I have read and accepted the cancellation, substitution and payment policies noted.

X _____

Signature required to process registration.

Please use separate form for each person registering. Please fill in all fields.

Mr. Mrs. Ms. Dr.

First: _____ Last: _____

Title: _____

Company/Tribe: _____

Address: _____

City/Town: _____

State: _____ Zip: _____

Business Phone: _____ Ext: _____

Fax Number: _____

PAYMENT INFORMATION:

Visa MasterCard Company Check

Credit Card #: _____

Expiration Date: ____ / ____ / ____

Name _____
(as it appears on the credit card)

Address _____
(mailing address for credit card)

Signature: _____



NATIVE AMERICAN RESOURCES, LLC

Training and Technical Assistance to Tribal Organizations

Phone: (505) 967-5086 Fax: (505) 867-1035 www.natr-inc.com

✂ IN COLLABORATION WITH ✂

SUNDANCE EDUCATIONAL CONSULTING, INC.



Phone: 505-867-0946
Fax: 505-867-1035
sundance@spinn.net