

**Native Wellness Institute
Training and Conference
REGISTRATION FORM**

**Fax or Send Registration and Payments to:
Native Wellness Institute
2830 SE Cleveland Drive
Gresham, OR 97080
Ph. 503-666-7669 Fax. 503-669-8339
or register on-line at www.nativewellness.com**

First Name : _____ Last Name: _____

Job Title: _____

Tribe/Organization : _____

Mailing address: _____

City: _____ State/Province: _____ Zip/PC _____

Phone: _____ Fax: _____ Email: _____

Please check one box:

- Please register me now. Enclosed is \$ _____ USD
- Please register me now. I will pay the registration fee by the deadline or onsite.
- Please register me now. I will pay with my credit card.

Credit Card Payment: Name on Card: _____

Billing Address of Card: _____

City: _____ State: _____ Zip: _____ Phone: _____

Card Number: _____ Exp Date: _____ Security Code: _____

Signature: _____

Training or Conference Session: _____

Dates: _____ **Location:** _____

Registration deadline is 5 days prior to event. Late and on-site registration will pay an additional \$100. Payment must be received prior to the event or be paid on-site. Purchase Orders can be accepted only if pre-approved. Call NWI.

Cancellation policy: \$75 is non-refundable. The remainder will be refunded if written notice is received one week prior to event.

NWI RESERVES THE RIGHT TO CHANGE SCHEDULING, INSTRUCTORS, AND LOCATION IF NECESSARY. By registering, you give NWI permission to take your photograph for publication purposes.

Signature of Participant: _____ Date: _____

For more info call Jillene Joseph at 503-666-7669 or jillene@nativewellness.com