

9TH ANNUAL JOINING VOICES CONFERENCE

Registration Form

Separate registration forms need to be completed for each participant including youth. EACH YOUTH REGISTRATION REQUIRES THE NAME OF AN ADULT LISTED

- There is a \$40 fee to attend this conference. Up to three youth attending with one paid adult will have their conference fee waived.
- There is a \$45 fee to exhibit at this conference (meals and participant materials included). There is a \$40 fee for each additional exhibitor.
- To register for this conference, please fill out the form below and return it to Sherri Lincoln no later than **July 7, 2008**.

REGISTRANT INFORMATION

Name (please print) _____

Organization _____

Address _____

City/State/Zip _____

Day Phone _____

E-mail _____

Special Needs (meals, accessibility, etc.) _____

Check here if you will be bringing your tribal flag

Tribal affiliation _____

ETHNICITY - mark one (optional)

- Hispanic or Latino Not Hispanic or Latino

RACE - mark one or more (optional)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

PRIMARY AFFILIATION/REPRESENTATION

Which **one** of the following best describes your primary affiliation?

- | | |
|--|--|
| <input type="checkbox"/> Single State Agency/ATOD | <input type="checkbox"/> Cooperative Extension |
| <input type="checkbox"/> Business | <input type="checkbox"/> Education - K-12 |
| <input type="checkbox"/> Media | <input type="checkbox"/> Education - Higher Ed. |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Faith Community |
| <input type="checkbox"/> Prevention Program/Org. | <input type="checkbox"/> Health Care Provider |
| <input type="checkbox"/> Military | <input type="checkbox"/> Public Health Agency |
| <input type="checkbox"/> Mental Health Provider | <input type="checkbox"/> Substance Abuse Treatment |
| <input type="checkbox"/> Welfare Agency | <input type="checkbox"/> Other Social Services |
| <input type="checkbox"/> Other Govt. Agency/
Elected Official | <input type="checkbox"/> Youth Representative |
| | <input type="checkbox"/> Other: _____ |

ATTENDANCE - mark one (required)

- Adult (\$40)
 Youth - Name of adult chaperone _____

- Exhibitor (\$45)
 Second Exhibitor (\$40)

Days attending the conference (required):

- July 22 July 23 July 24

Wednesday's optional activity you would like to participate in:

- Valleyfair Amusement Park (approx. \$20 to purchase park admission on your own)
 Mall of America

PAYMENT METHOD (required)

- Enclosed is my check payable to CSAP's Central CAPT
 Charge Card: Visa Mastercard
 Youth fee waived under _____'s registration
(adult name)

Card # _____ Exp. Date: _____

Name (exactly as on card) _____

Address (exactly as on card) _____

REGISTRATION IS LIMITED. RESERVE YOUR SPOT TODAY!

MAIL Native American Prevention Program Sharing Conference, 2720 Hwy 10 NE, Mounds View, MN 55112-4092

ONLINE <http://captus.samhsa.gov/central/naconference.cfm>

PHONE 800-782-1878

FAX 763-427-7841

Signature _____

A registration refund will be issued if written cancellation is received on or before July 7, 2008. Fees are nonrefundable after this date but registration can be transferred to another person. No confirmations will be sent.