



**MINNESOTA AMERICAN INDIAN INSTITUTE
ON ALCOHOL AND DRUG STUDIES
(MAIADS)**

July 30-August 1, 2025

ADULT REGISTRATION INFORMATION

**IMPORTANT NOTE: If using a purchase order, a copy of the purchase order
MUST be included with your registration form.**

Name _____

Home address _____

City _____ State _____ Zip _____

Employer _____

Title/Position _____

Work Phone _____ Work Email _____

Attendance Type – I Plan to Attend:

_____ **In-Person (Includes Online Recording Access) Non-tribal Program - \$350.00**
July 30-August 1, 2025 (Dates of In-Person Conference) | July 15-August 22, 2025 (Dates of Online Access)

_____ **In-Person (Includes Online Recording Access) Tribal Program - \$200.00**
July 30-August 1, 2025 (Dates of In-Person Conference) | July 15-August 22, 2025 (Dates of Online Access)

_____ **Virtual (Online Recording Access Only) - \$125.00**
July 15-August 22, 2025 (Dates of Online Access)

Dietary Restrictions: (For catering purposes)

_____ Vegetarian
_____ Gluten Free
_____ Vegan
_____ Kosher

_____ Food Allergy
(Please Specify) _____
_____ Other
(Please Specify) _____
_____ None

The annual MAIADS & NAPPS Conferences are funded through a grant with the Minnesota Department of Human Services. This grant requires annual reporting on demographics.

Employer Type:

- Tribal
- Indian non-profit/private
- Non-Indian non-profit private
- Federal
- State
- County
- (Please specify) _____

Race:

- American Indian/Alaskan
- White
- Black or African American
- Native Hawaiian/Other Pacific Islander
- Asian
- More than one race
- Prefer not to answer

Ethnic Background:

- Hispanic or Latino
- Not Hispanic or Latino
- Prefer not to answer

Age:

- 18-20 years old
- 21-24 years old
- 25-44 years old
- 45-64 years old
- 65-74 years old
- 75 & older
- Prefer not to answer

Gender:

- Male
- Female
- Trans Man
- Trans Woman
- Two Spirit
- Gender non-conforming (fluid)
- Gender other
- Prefer not to answer

MAIADS 2025 Conference (Photo Release Form)

Participants who attend this conference understand that they may be videotaped as part of an online forum and/or as part of an online activity in one or more of the sessions. Please use a separate form for each participant.

Name of Participant: _____

I hereby grant Fond du Lac Tribal and Community College the right to make, use and/or publish information, photographs, or any other reproductions of my physical likeness for various communication efforts such as videotapes, audiotapes, pamphlets, booklets, slide shows or internet sites. In addition, I expressly grant this right to be used for educational, marketing and/or promotional information by Fond du Lac Tribal and Community College for its professional communications, public relations, and public health information programs. **(Initial of Attendee):**

I hereby expressly grant consent to be photographed, filmed and/or interviewed by a representative. **(Initial of Attendee):**

I understand that Fond du Lac Tribal and Community College shall not be responsible for media's use of any films, photographs, or interviews. **(Initial of Attendee):**

Enter your name in Acknowledgement:

Date:

Accessibility:

Individuals with a disability who need a reasonable accommodation to participate in this training, must submit their request for accommodation(s) at least two weeks prior to the event. If you have any questions, please contact Alexis Carlson at Alexis.Carlson@fdltcc.edu | (218) 879-0831.

Completed Registration Forms Can be Returned 3 Different Ways:

Email:

Alexis.Carlson@fdltcc.edu

Fax:

218-879-0814 | Attention: Workforce Development

Postal Mail:

Fond du Lac Tribal and Community College
Attention: Workforce Development
2101 14th Street
Cloquet, MN 55720

TRIBAL CERTIFICATION RELEASE

This section is to be completed only by individuals who are enrolled or affiliated members of a federally recognized American Indian Tribe. Please use a separate form for each participant.

This conference is supported by FDLTCC. We need your assistance in documenting your participation by fully completing this form, thereby ensuring funding for future educational opportunities.

I hereby authorize my Tribal Enrollment Department to release a tribal blood certificate to Fond du Lac Tribal & Community College for the purpose of college enrollment only. I understand the information is confidential and Fond du Lac Tribal & Community College will use it only for the state purpose.

TO BE COMPLETED BY THE PARTICIPANT:

Please Print

I, _____, hereby authorize the Tribal Enrollment Department to release a tribal blood certificate to:

Records and Registration
Fond du Lac Tribal and Community College 2101 14th Street
Cloquet, MN 55720

for the purpose of conference enrollment only. I understand the information is confidential and that Fond du Lac Tribal and Community College will use it only for the stated purpose.

Student/ Participant's Full Name _____

Date of Birth _____

Reservation & Band Enrollment _____
(reservation) (state)

Father's Name _____

Father's Date of Birth _____

Father's Reservation & Band Enrollment _____
(reservation) (state)

Mother's Name _____

Mother's Date of Birth _____

Mother's Reservation & Band Enrollment _____
(reservation) (state)