



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

August 2-4, 2023

ADULT REGISTRATION INFORMATION

Name _____

Home address _____

City _____ State _____ Zip _____

Employer _____

Title/Position _____

Work Phone _____ Work Email _____

Employer Type:

- | | |
|--|--|
| <input type="checkbox"/> Tribal | <input type="checkbox"/> State |
| <input type="checkbox"/> Indian~non-profit/private | <input type="checkbox"/> County (Please specify below) |
| <input type="checkbox"/> Non-Indian~non-profit private | _____ |
| <input type="checkbox"/> Federal | |

Ethnic Background (optional, check one):

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> African American | <input type="checkbox"/> Other (please specify) _____ |

Attendance Type:

- I plan to attend: ☐ **In-Person (Includes Online Recording Access) - \$200.00**
August 2-4, 2023 | Online August 8-22, 2023
- ☐ **Virtual (Online Recording Access Only) - \$125.00**
Online Opens August 8-22, 2023

Dietary Restrictions: (For catering purposes)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Food Allergy _____ |
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> None |
| <input type="checkbox"/> Kosher | |

Fond du Lac Tribal and Community College is an affirmative action, equal opportunity employer and educator.

This document is available in alternative formats to individuals with disabilities. Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.

MAIADS 2023 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:

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 Stacey Johnson at (218) 879-0775.

Email, Mail or Fax Completed Registration Forms to:

Stacey Johnson: Stacey.johnson@fdltcc.edu (Fax 218-879-0814)

Fond du Lac Tribal and Community College, 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)