

# CREATING SPACE

for Culture and History  
in Indian Health Care

July 26, 2006 • Center for Health Communities

1000 North Alameda Street, Los Angeles, CA

## Conference Registration Form

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Tribe: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

How are you paying the conference registration fee of **\$75.00**? (Please check the box that applies.)

Check or money order made payable to NIWHRC for **\$75.00** is enclosed.

Please charge **\$75.00** to my credit card

Type of card:  VISA  Mastercard  Am. Exp  Discover

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

If you are using a credit card, you have the option of faxing this form to:

1-918-456-8128

If you are using a check or money order, please mail this form to:

**NIWHRC**  
228 S. Muskogee Avenue  
Tahlequah, OK 74464

**Thank you!**