

ICWA Qualified Expert Witness Training

(One Registration Form per Person, please type or print clearly)

Name: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip _____
Phone: _____ Ext. _____ Fax: _____
Email: _____



REGISTRATION FEES:

Registration \$450.00

Total Amount Enclosed \$ _____

Check, Money Order, or Visa / MasterCard

PLEASE DO NOT SEND CASH

All payments must be submitted at time of registration.

Registration forms without payment will not be processed until payment has been made.

- Check
 Money Order
 Credit Card # _____ Exp. Date: ____/____

3-Digit CVC (on back of card): _____ Card Billing Zip Code: _____

Please send completed forms to the email or mailing address below.

All checks & money orders make payable to:

Native American Training Institute
3333 East Broadway
Suite 1210
Bismarck, ND 58501

For questions info contact NATI at email: info@nativeinstitute.org
701.255.6374 ♦ Fax 701.255.6394

Registration fees are transferrable at no charge with the receipt of a substitute registration form