

3rd Midwest Peacemaking Conference "The Debwewin of Peacemaking"

Registration Form

Registration Information for the 3rd Midwest Peacemaking Conference held on June 11th, 12th, 13th, 2014

Early Registration: March 1, 2014 is \$300.00

End of Early Registration: March 31, 2014

Regular Registration: April 1, 2014 is \$350.00.

The last day to register is May 24, 2014

Registration includes three continental breakfasts, snacks, and dinner on Thursday evening June 12th. If you are bringing a guest for Thursday's Dinner please include an extra \$20.00 for the guest's dinner.

Make checks or money orders payable to: **LRBOI Tribal Court**
and attach to registration form **3031 Domres Road**
Manistee, MI 49660

*Cancellation policy: Registration must be cancelled in writing and received by May 10th, 2014.

Personal/Business Information

(Please Print)

Name: _____

Title/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Requests for special accommodations:

1. Special Dietary Needs ? _____
2. Do you need assistance? _____
3. Other? _____

Please check one Lemon Chicken with roasted pine nuts
 Trotter Cut Sirloin Steak
 Broiled Whitefish with Lemon Butter
 Vegetable Lasagna (Vegetarian plate)

Guest Meal Lemon Chicken with roasted pine nuts
 Trotter Cut Sirloin Steak
 Broiled Whitefish with Lemon Butter
 Vegetable Lasagna (Vegetarian plate)

Hotel Reservations:

The Conference will be held at Little River Casino Resort in Manistee MI.

To make your reservations call: 866-473-2538. The hotel rooms are blocked under the name:
"Midwest Peacemaking Conference"

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Revised: 1/14/14

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Room rates before and during the conference:

Tuesday, June, 10th through Thursday, June 12th are \$59.00 per night

Room rates during and after conference:

Friday, June 13th and Saturday, June 14th are \$89.00 per night

LRBOI Tribal members with Tribal ID may qualify for a discount.

Conference ID Badge:

Please Print your information as you would like to see it on you Conference Badge,

Name: _____

Title/Organization: _____

City/ State: _____

