Northwest Indian Gaming Conference & Expo Attendee Registration Form

August 30 - September 1, 2021 | Little Creek Casino Resort | Register online at: www.washingtonindiangaming.org

TRIBE OR COMPA	NY INFORMATIO	N					
Name:			Contact Name: _				
Address:			Email: _				
City:		State:	Zip Code:	Phone:			
REGISTRATION PE	RICING		PAYMENT CALCULA	ATION			
Early Bird Registration	By July 30, 2021	\$350		RATE	# PEC	PLE TOTAL COST	
Standard Registration	After July 30, 2021	\$450	Early Bird Registration	\$350	x	=	
			Standard Registration	\$450	x	=	
					TOTAL AMO	LINT DUE	
PAYMENT INFORM							
			ngton Indian Gaming Association				
Attached Is Check Number:			_ In The Amount Of:				
Payment By Credit Card	d (Visa, MasterCard, or Am	nerican Expres	s) Name As It Appears On Card	d:			
Credit Card #:			Exp. Date: V	-Code:	(3 or 4 digit	t number on back of the car	
Address:			City:		State:	Zip Code:	
Signature:			Date:				

RETURN THIS FORM BY FAX OR EMAIL

Washington Indian Gaming Association 525 Pear St SE • Olympia, WA 98501-2251

Registration Questions? Call Rosina at (360) 352-3248 or E-mail: deputy@washingtonindiangaming.org A \$50 processing fee will be charged for refunds or cancellations made after July 30, 2021

CONFERENCE SCHEDULE

We will be following our usual format for the event:

Aug 30, 2020 - Welcome Reception 6:00 PM at Little Creek Casino Resort. 7:30 PM 1st Annual WIGA Poker Tournament.

Aug 31, 2021 - General Session and Hosted Luncheon, Conference Breakout Sessions, and Tradeshow

Sept 1, 2021 - Conference Breakout Sessions and Tradeshow Continue, Tradeshow Closes At 3:00 PM

NOTE: Please use the back side of this form to register the names and email addresses of your attendees.

HOTEL INFORMATION

Little Creek Casino Resort - Block Information Coming Soon!

Overflow Hotels

Olympia Hotel at Capitol Lake Room Rate: \$99 | Reservations: 360-943-4000 Discount Code: NW Indian Gaming Conference & Expo

Hilton Garden Inn

Room Rate: \$149 Reservations: 360-236-9934



Attendee Name Badge Registration

Register online at: www.washingtonindiangaming.org

ATTENDEE NAME BADGES (INCLUDE NICKNAMES IF APPLICABLE)

Company or Tribe:						
N O	Name: Job Title:		Name:			
			Job Title:			
	Email:		Email:			
THREE	Name:	~	Name:			
	Job Title:	FOUR	Job Title:			
	Email:		Email:			
FIVE	Name:		Name:			
	Job Title:	×	Job Title:			
	Email:		Email:			
SEVEN	Name:	F	Name:			
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Ш Z Z	Name:		Name:			
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N III III III III III III III III III I	Name:		Name:			
	Job Title:	SIXTEEN	Job Title:			
	Email:		Email:			

RETURN THIS FORM BY MAIL OR FAX TO (360) 352-4819

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