



A Gathering of Medicines Stones
22nd Annual International Two-Spirit Gathering - September 3-6, 2010
Dr. Jessie Saulteaux Resource Centre - Winnipeg, Manitoba, Canada

R E G I S T R A T I O N F O R M

First Name: _____ Last Name: _____
(Please Print) *(Please Print)*

Home Address: _____ City: _____

State/Prov: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____ Cell: _____ Email: _____

Are you Aboriginal / Native American? Y____ N____ Tribal/Cultural Affiliation: _____
*(Non-Native spouses are **welcome**)*

Named Aboriginal/NA Sponsor: _____ My sponsor will attend the gathering. Y____ N____
(Non-Native persons who are attending list the name of your sponsor)

*Arriving Flight Times/Date _____ Departing Flight Times/ Date _____ Flight #: _____ Gate: _____

Please list any medical or accommodation needs: _____

Please List any dietary concerns/needs: _____

Emergency Contact Information:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

ACCOMMODATION: Please check boarding preference. Some rooms may be reserved for those who require special accommodations. Please indicate if you are a couple.

Shared Room: _____ Couple: _____ Camping on Site: _____

List date/time of arrival: _____ Departure: _____

Registration fee is **\$100.00** CDN. Please make money orders out to **Ka Ni Kanichihk Inc.** In the memo portion of your money order indicate, **AITSG 2010**. Note: Only money orders will be accepted as payment.

I, the undersigned, do understand and agree to release Ka Ni Kanichihk Inc., their officers, committee members, other attendees, affiliated groups and persons, and all facility personnel from any and all liability including all degrees of physical and/or mental injury, property damage, loss or theft that may be incurred as a result of my attendance. I understand and accept that attendance is purely at my own risk and I may be held liable or responsible for any damage that ensues because of my negligence. I agree to be bound to **THE STRICT NO DRUGS & ALCOHOL RULE** and realize that I may be asked to leave if I violate this policy. I have filled out this form fully and completely to the best of my ability and knowledge.

Signature: _____ Date: _____

Date Received	Registration Fee Received	Processed by:

Mail your registration and money order to: AITSG 2010 c/o Ka Ni Kanichihk Inc.
455 McDermot Avenue, Winnipeg, Manitoba, CANADA R3A 0B5 T: 204-783-6424