



First Peoples Fund



KAWERAK, INC.

**Native Artist Professional Development Training
(Koyuk, IRA Building)**

**Friday, February 1, 2019 from 10:00 am– 5:00 pm
Saturday, February 2, 2019 from 10:00 am— 5:00 pm
(Lunch provided both days.)**

REGISTRATION FORM

First Name: _____ Last Name: _____

Tribal Affiliation: _____

Phone: (____)____-____ Email: _____

Address: _____
(Box/City/State/Zip Code)

Name of Business (if applicable) _____

Your Artistic Medium: _____

Years of Experience as an Artist: _____ How did you hear about this program? _____

What are you hoping to learn from this program?

**PLEASE FAX COMPLETED FORM TO: (907) 443-4449 ATTN: ALICE BIOFF or email to:
bp.spec@kawerak.org**