



2018 Kawerak Regional Conference
UNITED VOICES FOR OUR FUTURE
November 6-8
REGISTRATION FORM

First Name:

Last Name:

Traditional Name:

Email:

Phone:

PO Box or Address:

City: _____ State: _____ Zip Code: _____

Check one:

Elder

Planner

Adult Participant

Youth Participant

Presenter

Volunteer

Exhibitor

Artisan

Tribal Healer

Performer/Dancer