



# N.MN.R.E.D.

## Northern Minnesota Reservation Economic Development Summit & Tradeshow

*Strengthening the region's economy through business partnerships*

**Wednesday, August 13 & Thursday, August 14, 2008**  
**Northern Lights Casino • Walker, MN**

### REGISTRATION FORM

Only one registrant per form, please make copies of this form for additional registrations.

DATE: \_\_\_\_\_

- \$75 PRE-REGISTRATION FEE (Received on or before July 25, 2008)  
 \$100 REGISTRATION FEE (Received after July 25, 2008)  
Please check one. Fee includes refreshments, meals & entertainment.

Name: \_\_\_\_\_  
First Name MI Last Name

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

- Purchase Order or Check enclosed (payable to Central Lakes College)  
 VISA  MASTERCARD  DISCOVER

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

REGISTRATION FORMATS – Mail to: Central Lakes College-Brainerd, 501 West College Drive, Brainerd, MN 56401  
Fax to: 218-855-8141 • Telephone: 800-933-0346, x. 8142

For more registration information contact: • Barb Cline 218-894-5120 bcline@clcmn.edu  
For more summit information contact: • Vicki White 218-335-3667 vicki.white@llojibwe.com  
• Sam Strong 218-679-2416 sstrong@redlakenation.org • Lorna LaGue 218-983-3285 lornal@whiteearth.com  
or visit [www.mntribalinitiative.org](http://www.mntribalinitiative.org)

HOTEL INFORMATION: A block of standard rooms has been reserved for participants at a special rate of \$50.00 +tax, available until July 25, 2008. CALL 866-652-4683. **Request Economic Summit block.**

#### FOR STAFF USE ONLY (Please do not write in this area)

- |   |   |
|---|---|
| <input type="checkbox"/> PAYMENT RECEIVED                   | <input type="checkbox"/> RECEIVED BY: _____ |
| <input type="checkbox"/> CASH (On-Site Only) OR MONEY ORDER | <input type="checkbox"/> DATE: _____        |
| <input type="checkbox"/> PO                                 | <input type="checkbox"/> NOTE: _____        |
| <input type="checkbox"/> CREDIT CARD<br>AUTH. NO. _____     | <input type="checkbox"/> CHECK NO. _____    |