

REGISTRATION FORM	 Tribal Judicial Institute	Bureau of Justice Assistance Tribal Courts Assistance Program
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TRIBE NAME

DEPARTMENT/DIVISION

STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME OF SESSION ATTENDING:

PLEASE COMPLETE FOR EACH INDIVIDUAL ATTENDING

LAST NAME	FIRST NAME	MIDDLE INITIAL
TITLE		
PHONE	FAX	EMAIL

LAST NAME	FIRST NAME	MIDDLE INITIAL
TITLE		
PHONE	FAX	EMAIL

LAST NAME	FIRST NAME	MIDDLE INITIAL
TITLE		
PHONE	FAX	EMAIL

LAST NAME	FIRST NAME	MIDDLE INITIAL
TITLE		
PHONE	FAX	EMAIL

**EMAIL REGISTRATION FORM TO: Melissa Aaker at
 melissa.aaker@email.und.edu or fax to 701-777-0178. If you have any questions,
 please call 701-777-6306.**