

**AMERICAN INDIAN FOODS (AIF)**

**Event Deposit / Registration Form**

Please return this from w/ a \$100.00 deposit to:

**Intertribal Agriculture Council  
American Indian Foods Program  
100 North 27<sup>th</sup> Street, Suite 500  
Billings MT 59101**

You may fax this form to (406) 256-9980 and mail the check:

1) Company Name: _____
Contact Person: _____
Mailing Address: _____

2) Company Phone #: _____	4) <u>List Your Products Below:</u>
Cell Phone #: _____	_____
Fax #: _____	_____
3) Email Address: _____	_____
Website Address: _____	_____

5) Event Name & Date: _____
<i>(Required for Ordering Name Badges)</i>
Name of Attendees: _____ Email: _____
Name of Attendees: _____ Email: _____

(Only one attendee per company will be reimbursed for expenses)

6) Are you registered with the IAC American Indian Trademark: Yes [ ] No [ ]

7) Have you participated in an IAC Export Training Seminar: Yes [ ] No [ ]

By signing this form, I understand, in the incidence of absence from the event, the \$100.00 deposit will be forfeited.

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

(Revised: 07-2008)