



**LEECH LAKE BAND OF OJIBWE  
CONFERENCE REGISTRATION FORM**

Person attending Conference: \_\_\_\_\_

Attendee's e-mail address: \_\_\_\_\_

Additional contact info: \_\_\_\_\_

Conference Title: \_\_\_\_\_

Agency hosting Conference: \_\_\_\_\_

Location of Conference: \_\_\_\_\_

Dates of Conference: \_\_\_\_\_

Total Cost of Conference: \_\_\_\_\_

Account Line paying fee: \_\_\_\_\_ 50560 Training

Fund      Division      Program      IDC (if applicable)

Webpage for payment: \_\_\_\_\_

Conference ID Name/Code: \_\_\_\_\_  
(if applicable)

Additional Information: \_\_\_\_\_

Budgetary Approval \_\_\_\_\_

Signature/initials

Date

**Accounts Receivable Staff Only**

Associated TA #: \_\_\_\_\_

Confirmation # of Registrations: \_\_\_\_\_

Date of Booked Registration: \_\_\_\_\_

A/R Clerk Signature: \_\_\_\_\_

Signature

**\*\*Attach receipt, send receipt to e-mails noted on form at top**