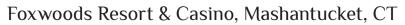
NATIONAL INTERTRIBAL TAX ALLIANCE

2025 Tribal Tax Conference Registration October 20–22, 2025

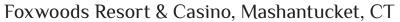




Full Name: Title: Employer: Street Address:					
				, State: ZIP:	
				:	
			Shirt Size (for the gift from the NITA Board of Directors): Small/Medium/Large/XL/XXL/3XL Are you a Conference Speaker?: Yes/No (Note: Registration fees are waived for conference speakers.) Are you a vendor? Yes/No If so, please indicate how many tables you will need: Conference Registration Rates: \$700.00 for one person, or \$650.00/person for two or more attendees from the same Tribe/Organization Students: \$295.00/person. Must specify University: Vendors: \$150.00/vendor Please complete the payment information on the following page. Return both pages via email to: nitacoord@gmail.com. Contact us for information on returning forms via fax.		
Reserve Your Room at the Foxwoods Resort & Casino before September 28, 2025 Call: 1-800-369-9663 or visit: https://book.passkey.com/go/ NationalIntertribalRooms					
Sunday night rate: \$149.00/nig	ht; Rate for Monday & Tuesday: \$119.00/night				
The Foxwoods Resort & Casino is located at 350 Trolley Line Blvd., Mashantucket, CT 06338 Visit www.foxwoods.com for driving directions. The Foxwoods Resort & Casino is a Mashantucket Pequot Tribal Nation enterprise.					
NITA Staff / Office Use Only:					
Conference Registration Total: \$ Payment Received: Yes/No					
Payment menthod: ☐ Check Check#:	_ □ Credit Card □ CC Pmt Processed				
Paid by:	Date Paid:				

NATIONAL INTERTRIBAL TAX ALLIANCE

2025 Tribal Tax Conference Registration October 20–22, 2025



Intertribal Tax Alliance Inc. C/O Mary Mashunkashey

Mail check to: 1714 E. 60th St., Tulsa, OK 74105

Conference Payment Information:



Total Number of Attendees:	(Please complete a registration form for each attendee.)
Conference Registration Rates: \$700.00 for one person, or \$650.00/person for two or mo	ore attendees from the same Tribe/Organization
Students: \$295.00/person. Mus	et specify University:
Vendors: \$150.00/vendor	
Total Conference Registration P	ayment Amount: \$
Paid by:	Date:
If paying by check, please check	here: Check#:
Please make checks payable to) :

If paying by credit/debit card, please check here: \square and complete the following information:

Name on Card:

Card Billing Address:_____

two or more transactions, with the total amount not to exceed the amount listed above.

City: ______ State: ____ ZIP: _____

Please note: If your total payment amount exceeds our bank's transaction limit, we may process your payment in

CC#: _____ Exp:___ CVV:____

[MM/YYYY]

Return this form with your payment and email a copy to: nitacoord@gmail.com
Contact us for details on how to return this form via fax.