



25th Annual Trail of Tears Association Conference & Symposium

September 20-23, 2021
Harrah's Cherokee Casino Resort
777 Casino Drive
Cherokee, NC

REGISTRATION FORM (One form per Registrant Please)

Contact Information								
1. Name (as wanted on name badge):	2. Organization Representing (if applicable):							
3. Mailing Address:								
4. City:	5. State:	6. Zip Code:						
7. Telephone: () -	8. Fax: () -							
9. Email:								
Registration								
10. Regular Registration <input type="checkbox"/> TOTA 2021 Member: \$125 <input type="checkbox"/> Non-member: 175 [♦] [♦] Non-member registration includes TOTA membership through 2021.	11. On-Site Registration <input type="checkbox"/> TOTA 2021 Member: \$225* <input type="checkbox"/> Non-member: \$275 [♦] [♦] Non-Member Registration includes TOTA membership through 2021.							
<input type="checkbox"/> I will attend the Tuesday Field trip. <input type="checkbox"/> I will ride the bus for the field trip. <input type="checkbox"/> I will need an ADA accessible bus. (parking places might be an issue at some stops on the field trip)								
Are you a citizen of a federally recognized tribe? (circle) Yes or No								
12. Meals: - Breakfast will be provided on Tue. and Wed. morning - Snacks will served at Mon. evening reception - Lunch will be provided Tue. and Wed. - Dinner will be provided Tue. evening	Update Notifications: Please check whether you wish to receive confirmation and updates via regular mail or by email. <input type="checkbox"/> USPS mail <input type="checkbox"/> Email							
13. Guest Meals: I need to register my guest, _____, _____, for the following meals: <div style="text-align: center;"> (First Name) (Last Name) </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Tue. Breakfast - \$30</td> <td style="padding: 2px;"><input type="checkbox"/> Tue. Field Trip Boxed Lunch - \$20</td> <td style="padding: 2px;"><input type="checkbox"/> Tue. Cultural Night Dinner - \$20</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Wed. Breakfast - \$30</td> <td style="padding: 2px;"><input type="checkbox"/> Wed. Plated Lunch - \$35</td> <td></td> </tr> </table>			<input type="checkbox"/> Tue. Breakfast - \$30	<input type="checkbox"/> Tue. Field Trip Boxed Lunch - \$20	<input type="checkbox"/> Tue. Cultural Night Dinner - \$20	<input type="checkbox"/> Wed. Breakfast - \$30	<input type="checkbox"/> Wed. Plated Lunch - \$35	
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<input type="checkbox"/> Wed. Breakfast - \$30	<input type="checkbox"/> Wed. Plated Lunch - \$35							
Breakfast will be near the meeting rooms at Hotel.		Guest Meals: TOTAL: \$ _____						
TOTAL FEES								
14. Registration Fee from Line 10 or 11	=	\$ _____						
15. Guest Meal Fees from Line 13	=	\$ _____						
16. Total Registration Fees	=	\$ _____						
<b style="color: red;">For TOTA office use only: <div style="display: flex; justify-content: space-between;"> CK AMT: \$ _____ CK No.: # _____ CASH: \$ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> P.O. AMT: \$ _____ P.O. No.: # _____ CONF #: _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> TOTAL RECEIVED: \$ _____ RECEIVED BY: _____ DATE: _____ </div>								

Field Trip Waiver *Please sign this liability waiver if you plan to participate in the field trip.*

The undersigned hereby agrees that neither the Trail of Tears Association (TOTA), its chapters, directors, officers, employees, and agents, nor to the extent legally permissible any private or public (state or federal or instrumentality of either), landowner or tenant or licensee in possession of any land or over which any tour, field trip, or outing takes place, or through which it travels, in connection with or as a part of any meeting or convention of TOTA shall have any responsibility or liability, in whole or in part for any loss, damage, injury to person or property, delays and delayed departure or arrival, missed carrier connections, cancellations, changes in schedules, program, or itinerary, or mechanical defect or failures, or for any negligent act or omissions of any nature whatsoever which results from, or arises out of, occurs at or during any activities, programs, tours, field trip, or outing thereat, or part of any of the foregoing. All persons registering at or attending any such meeting or convention shall be bound by the foregoing and deemed to have consented and agreed to the same by such registration or attendance.

Sign _____ **Date** _____

Cancellation Policy

A written and signed notice of cancellation must be submitted to the Trail of Tears Association, 412 N Hwy 100 Suite "B", PO Box 329, Webbers Falls, OK 74470 , in order to receive a refund. A 50% refund will be granted if notice is received by August 25th, 2021. **NO refunds will be granted after Sept. 7, 2021.**

Make Check or Money Order Payable to:

Trail of Tears Association

Send to: Trail of Tears Association
PO Box 329
Webbers Falls, Oklahoma 74470

Hotel Information

Harrah's Cherokee Casino Resort
777 Casino Drive
Cherokee, NC 28719

For Reservations Call: 828-497-7777 or book
online at www.Caesars.com/Harrahs-Cherokee
Ask for: Trail of Tears group rate or reference
block code S09TOTA
Rooms are \$109.00 plus tax (total \$124.54)

Room Block Closes- Fri., August 20, 2021, or when sold out.

Questions?

Contact Roy Barnes at nationaltota@gmail.com or (918-464-2258)

Visit our website at <https://www.nationaltota.com/> for online registration