

Title VI Cluster Training: Billings, Montana
October 8-10, 2019
Registration Form

To register, please provide the following information:

Name: _____

Title: _____

Tribe/Organization: _____

Phone: _____

Email: _____

Do you require ADA assistance?

Please select yes or no to indicate whether or not you will need additional assistance, per the Americans with Disability Act of 1990. The Americans with Disabilities Act of 1990 requires the Department of Justice, along with other Federal agencies, to provide "technical assistance to individuals and institutions that have rights or duties" under this law.

Yes

No

Permission for Photo/Information Use

I am registering to attend an ACL/AoA event. During this event, I understand that my picture will be taken or that I may appear on film that may be used for publicity or other public informational purposes by the ACL/AoA. I accept responsibility for understanding the intended use of such film documentation and am in agreement with that usage. I give Teya and ACL/AoA permission to display pictures of myself on this website and on other ACL/AoA and/or Teya materials.

Yes

No

To register, please return completed form to: laura.stevenson@teyaservices.com