



Indian Health Service Tribal Consultation Summit



Bethesda North Marriott Hotel and Conference Center
5701 Marinelli Road
Bethesda, Maryland 20852
(301) 822-9200

Registration Form

First Name: Last Name:

Elected/appointed Tribal Leader:

Position Title: Yes No

Organization/Tribe:

Address:

Agency: Division:

City: State: Zip:

Email: Phone Number:

Special accommodations requested?

No Yes, please specify:

Please submit by July 1, 2011 to Anna Johnson by email at Anna.Johnson2@ihs.gov,
fax at (301) 443-1050, or mail to:

Indian Health Service
Office of Tribal Self-Governance
801 Thompson Ave., Suite 240
Rockville, Maryland 20852

Thank you, and we look forward to your participation at the Summit!