



# NICWA

National Indian Child Welfare Association  
Protecting our children • Preserving our culture

## NICWA Online ICWA Course Registration Form

1) Registrant Information						
First Name:				Last Name:		
Agency:				Region (if applicable):		
Address:						
City:				State:		Zip:
Phone:	(      )			Fax:	(      )	
E-mail:						

2) Payment Information—NICWA Online ICWA Course FEE— \$50 per person						
Name on Credit Card:				Credit Card Type: (circle one)	AMEX   VISA MC   DISCOVER	
Contact Phone:	(      )			Credit Card #:		
Billing Address:				Expiration Date:		
City:				Check #:		
State:		Zip:		Cash:		

3) Receipt Addressee Information (Complete if different from the registrant listed in box 1)						
Send to credit card holder <input type="checkbox"/>	I would like this receipt e-mailed to me. <input type="checkbox"/>		I would like a hard copy of this receipt mailed to me. <input type="checkbox"/>			
Name:						
Agency:						
Address:						
City:				E-mail:		
State:		ZIP:				

4) Return completed form to NICWA		
Mail with check to: NICWA ATTN: Laurie Evans 5100 SW Macadam Avenue, Suite 300 Portland, OR 97239	<b>OR</b>	Fax with credit card information to: (503) 222-4007