

2018 VENDOR REGISTRATION FORM

Contact Person _____

Tribal Affiliation _____

Company/Organization _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Participant I _____

Participant II _____

Signature _____

***Vendors must also be licensed with Gila River, which is a separate process:**

<http://www.gilariver.org/view/download.php/opportunities/requests-for-proposals/media/license-app>

Registration Fee: \$75 (3 Days) or \$30 a day

PAYMENT METHOD (check one):

_____ Check

_____ MasterCard

_____ Money Order

_____ Visa

_____ Purchase Order # _____

_____ Bill me

Credit Card Number _____ Expiration Date: _____

Name of Cardholder (print) _____

Signature _____

Make Checks Payable to: 2018 National AIBL

MAIL PAYMENT WITH REGISTRATION FORM TO:

National American Indian Business Leaders Program
Gallagher Business Building, Suite 250
Missoula, MT 59812

Phone: 406-371-7170



AIBL USE ONLY

Date Received _____

Received by _____