

619-445-1188 ext. 227 * Fax (619) 659-3134 * email hfields@sihc.org If you would like to make a donation to our raffle prizes please contact Megan Lengohan at (619) 445-1188 ext. 235

Southern Indian Health Council, Inc., Family Preservation Program

4058 Willows Road, Alpine CA 91901

10тн ANNUAL NATIVE AMERICAN MEN'S & WOMEN'S WELLNESS CONFERENCE REGISTRATION FORM

Thursday, October 30, 2008

Barona Golf Event Center, Barona Valley Ranch

1932 Wildcat Canyon Road Lakeside, CA 92040

8am-9am: Registration & Continental Breakfast

9am-5pm: Conference

Name:									
Please check a	ppropri	ate age	e categ	ory : 0-	10	- 8	_ 19-25	26-59	60+
Tribe:	Agency:								
Address:									
City:				_ State	:	Zip:			
Phone:	Fax:								
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*Please check	one of	the fo	llowiı	<i>ng</i> : □Pa	rticipan	t (commu	unity mem	ber)	
*For ord	ering pu	rposes	ONLY		•	U	•	hibitor (fre ot guarante	e resources) e a t-shirt.
M	S	М	L	XL	XXL	3 X	4X	5X	
	Registration is required- Space is limited								Sel
	For more information please contact the								
C PC	Family Preservation Program at								
		Phone: (619) 445-1	1188 x227 ·	Fax: (619)	559-3134 · · ·	email: hfields	@sihc.org	
		THI	S IS A	DRUG	AND ALC	COHOL	FREE EV	ENT	