2024 Native Studies Summer Workshop for Educators (NSSWE)

June 24-28, 2024

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Name (First)			(MI)	(Last)		
Preferred Add	ress					
City					State	Zip Code
Preferred Pror	nouns					
Phone Numbe	r		Ext.			
Email						
Birth Date MM	1/DD/YYY	' (for CEUs/transcript pu	rposes on	ly)		
The informat	tion on th	is form is private data, u		ntify and locat andatory.	e you. Nam	ne, address and payment method are
Please registe	r me for t	the following: Registra	tion closes	June 16, 2024	ı	
	\$625.0	0 - Early Bird Registratio	n postmar	ked/received b	oy June 1, 20	024
	\$700.0	0 - Registration postmar	ked/recei	ved after June	1, 2024	
	Groups	s of three or more - \$595	5.00 per p	erson (must re	egister all to	ogether at the same time)
		Registration	ı deadli	ne: June 16	5, 2024.	
Any regi	strations	received/postmarked c	after June	16, 2024 will i	ncur a \$25.	00 late registration fee.
I would like inf	formatior	n on receiving graduate o	or undergr	raduate credit	for this eve	nt (St. Cloud State University).
	N/A	Gradua	ite Credit		Undergrad	luate Credit
Payment Infor	mation:	Checks payable to St. C	loud State	e University		
	Check o	of Money Order in the ar	mount of:	\$		
	Please	bill my employer, refere	nce Purch	ase Order Nun	nber:	
Do you have a	any dietai	ry restrictions and/or foo	od allergie	s?		

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Name (First)	(MI)	(Last)

Personal Goals/Reasons for Attending:

Please answer the following questions to assist with group assignments:

A. Briefly describe why you want to attend and what you personally hope to gain from this experience. Please be as specific as possible.

B. Describe the relationship between this event and your current work and/or future plans. Please be as specific as possible.

Mail: St. Cloud State University

355 5th Ave South Attn: Roxann Neu St. Cloud, MN 56301 Email: register@scsutraining.com

320.308.4962



Checks payable to: St. Cloud State University