



INSTITUTE OF AMERICAN INDIAN ARTS

INSTITUTE OF AMERICAN INDIAN ARTS APPLICATION/REGISTRATION

Summer Student Leadership Training July 8th - 10th, 2009

(Internal Use Only) Room # \_\_\_\_\_ Check In: \_\_\_\_\_ Check Out: \_\_\_\_\_

ATTENDEE INFORMATION PLEASE PRINT Last Name: First Name: Address: City/State/ZIP: Home Phone: Cell Phone: Fax: Email: (please print clearly in order to receive email confirmation) Disability Access Requirements or special request: School/College

HOUSING INFORMATION CHECK-IN DATE: CHECK-OUT DATE: Total of \_\_\_\_\_ nights. I would like to share a room with: Please assign a roommate for me. I am Male I am Female

I will need transportation from / to the airport Airport: Albuquerque International Santa Fe Airport Arrival Day: Date: Time: Airline: Departure Day: Date: Time: Airline:

Please return this form to: Mail IAIA - CLE Dept. Attn: Ramus Suina 83 Avan Nu Po Road Santa Fe, NM 87508-1300 eMail rsuina@iaia.edu Fax 505-424-0707 Attn: Ramus Suina

GENERAL INFORMATION

- All Guest rooms and meeting rooms are non-smoking. Alcohol is not allowed on campus. For additional information, maps, and directions see our website IAIA.edu.