



INSTITUTE OF AMERICAN INDIAN ARTS
APPLICATION/REGISTRATION

Summer Student Leadership Training
July 17rd & 18th, 2008

(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: _____

Departure

Day: _____ Date: _____

Time: _____

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.