

# 2025 CONFERENCE REGISTRATION FORM

86th Annual Tekakwitha Conference • July 16-20, 2025 • Las Cruces

TYPE OR PRINT CLEARLY—ONE FORM PER REGISTRANT

U.S. CURRENCY ONLY—CASH, CHECK, MONEY ORDERS

TITLE (CIRCLE ONE) MOST REV. REV. MSGR. DEACON SISTER BROTHER DR. MR. MRS. MS.

FIRST NAME M.I. LAST NAME SUFFIX

MAILING ADDRESS

CITY STATE/PROVINCE ZIP/POSTAL CODE

TRIBE/NATION (IF APPLICABLE) (ARCH)DIOCESE SEX

PRIMARY PHONE EMAIL (IF APPLICABLE) DATE OF BIRTH (MM/DD/YYYY)

MEMBERSHIP DUES: NON-REFUNDABLE/NON-TRANSFERABLE NEW MEMBER RENEWAL

SENIOR (55+) \$25 ADULT (18-54) \$30 INT'L (ALL AGES, 18+) \$35

**NOTE: Non-members can pay CURRENT YEAR dues to unlock member-only registration rates.**

CURRENT YEAR JULY 1, 2024—JUNE 30, 2025 \$  
NEXT YEAR JULY 1, 2025—JUNE 30, 2026 \$

Which region are you in? (Circle one) 1 2 3 4 5 6 REGISTRATION FEE \$ 25.00

## CONFERENCE FEES

	MEMBER	NON-MEMBER	YOUTH
SENIOR (55+)	\$110.00	\$150.00	—
ADULT (18-54)	\$135.00	\$175.00	—
YOUTH (13-17)	—	—	\$80.00
CHILD (4-12)	—	—	\$55.00
TODDLER (0-3)	REGISTRATION FEE ONLY		

CONFERENCE FEE \$

(LESS) EARLY BIRD DISCOUNT \$ (15.00)  
IF POSTMARKED BY FRIDAY APRIL 5, 2025

## MEAL SERVICE

MEALS PLAN PRICES INCLUDE: BEVERAGE, SERVICE CHARGES, & TAXES—SOLD AS PACKAGES ONLY  
DINNER— WEDNESDAY; LUNCH & DINNER— THURSDAY, FRIDAY, SATURDAY

SENIOR, ADULT, & YOUTH PLAN (13+) TBD MEAL PLAN \$  
CHILD PLAN (4-12) TBD  
TODDLER (0-3) NO CHARGE

FOOD ALLERGIES:

SPECIAL MEALS: VEGETARIAN VEGAN GLUTEN FREE

**NOTE: A MINIMUM 50% OF AMOUNT DUE MUST ACCOMPANY REGISTRATION FORM IN ORDER TO BE PROCESSED.**

TOTAL DUE \$

FRIENDS OF SAINT KATERI RESTRICTED FUND (OPTIONAL) DONATION \$

Please make U.S. Check or U.S. Money Order payable to:  
Tekakwitha Conference National Center  
Please mail to: Geri Kanesta-Rychner  
10904 113th Ave SW  
Lakewood, WA. 98498-1465

AMOUNT PAID \$

BALANCE DUE \$

## 2025 CONFERENCE REGISTRATION FORM

### EMERGENCY & MEDICAL INFORMATION

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ CONTACT PHONE NUMBER \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ CONTACT PHONE NUMBER \_\_\_\_\_

MEDICATION ALLERGIES \_\_\_\_\_

PRESCRIPTIONS/MEDICAL CONDITIONS \_\_\_\_\_

IF WHEELCHAIR ASSISTANCE IS NEEDED, (SELECT ONE)

\_\_\_\_\_ WILL BRING OWN WHEELCHAIR \_\_\_\_\_ REQUESTING WHEELCHAIR FOR ON-SITE USE

### DISCLAIMERS

**INDEMNIFICATION** I AGREE TO INDEMNIFY AND HOLD HARMLESS FROM ALL LIABILITY THE TEKAKWITHA CONFERENCE, THE HOTEL, AND ALL THIRD-PARTY VENUES AND SERVICE PROVIDERS FROM ANY RELATED MEDICAL COSTS OR DAMAGES STEMMING FROM INJURY, ILLNESS, AND/OR COMMUNICABLE DISEASES, INCLUDING COVID-19, THAT I OR ANYONE ENTRUSTED TO MY CARE MIGHT BE DIAGNOSED WITH DURING OR AS A RESULT OF ATTENDING THIS EVENT.

INITIALS \_\_\_\_\_

**PHOTO RELEASE** THE TEKAKWITHA CONFERENCE RETAINS THE RIGHTS AND PERMISSIONS TO PUBLISH WITHOUT CHARGE ALL PHOTOGRAPHS AND VIDEO FOOTAGE CAPTURED AND RECORDED DURING THIS EVENT. THESE IMAGES & VIDEOS MAY BE USED IN BOTH DIGITAL AND PRINT FORMATS FOR PROMOTIONAL, EDUCATIONAL, AND ARCHIVAL PURPOSES.

I CONSENT \_\_YES\_\_ \_\_NO\_\_ INITIALS \_\_\_\_\_

PRINT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE (MM/DD/YYYY) \_\_\_\_\_

### T-SHIRTS

\_\_\_\_\_ YES, I WOULD LIKE TO PRE-ORDER T-SHIRTS. I AGREE TO PICK UP & PAY AT THE TEKAKWITHA CONFERENCE VENDOR TABLE BY FRIDAY, JULY 18 AT 3 PM LOCAL TIME. **NO PRE-PAYMENTS FOR T-SHIRTS.**

PLEASE INDICATE QUANTITY REQUESTED PER SIZE.  
ADULT SIZES ONLY.

\_\_\_\_\_  
S M L XL 2X 3X 4X

If you are a **priest** or **deacon** who wishes to concelebrate or assist in our conference liturgies, please contact Deacon/Priest TOA or with phone of said person for instructions on submitting a letter of suitability from your Bishop or Superior.