



the
**Chickasaw
Nation**

Department of Community Services / Social Services Division

1909 Warrior Way / Ada, OK 74820 / (580) 272-2550 / Fax: (580) 272-2549

Bill Anoatubby
Governor

Chickasaw Veterans Conference Registration

June 7, 2024

WinStar World Casino and Resort
Thackerville, Oklahoma

Application information:

☐ Yes, I am a Chickasaw Veteran.

Name: _____

First

Middle

Last

Suffix

Preferred name: _____

Mailing address: _____

Street

City

State

ZIP

Physical address: _____

Street

City

State

ZIP

Birth date: _____ Age: _____ Gender: ☐ Male ☐ Female

Home phone no.: (____) _____ Cell phone no.: (____) _____

Email address: _____

Married? ☐ Yes ☐ No If yes, will spouse attend conference? ☐ Yes ☐ No

Spouse name: _____

First

Middle

Last

Suffix

Spouse birth date: _____ Spouse phone no.: (____) _____

I agree to attend all conference sessions: ☐ Yes ☐ No

Military information: (Optional, not required)

Branch of service: _____ Rank/title: _____

Date of service (from): _____ Date of service (to): _____

Stationed: _____

Served during wartime? ☐ Yes ☐ No

If yes, where? _____ Dates: _____

Medical conditions information:

Are there any existing medical conditions that the staff/employees should be made aware of? ☐ Yes ☐ No

If yes, please explain: _____

Emergency contact information:

Name: _____ Relationship: _____

Email address: _____ Phone no.: (____) _____

Authorization information:

☐ I do hereby release the Chickasaw Nation and any of its staff or employees of any liability in the event of accidental injury, illness, or death, to myself during the term of the veteran's conference.

Photograph consent and release:

I grant permission to the Chickasaw Nation, its agents, and employees to photograph, record, film, and videotape me as part of my participation in the veteran's conference. Such materials will be the sole property of the Chickasaw Nation and I will have no right or title to such items or their use. I hereby release the Chickasaw Nation from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials now or in the future.

- ☐ By checking this box, you are authorizing the Chickasaw Nation to include the contact information provided above, along with a photo, in directories provided to conference participants. Your consent is voluntary and declining to check this box does not in any way limit participation in the conference.

Participant signature

Date

Spouse signature, if attending

Date

Return application by May 24, 2024, to:
The Chickasaw Nation Veterans Services
1909 Warrior Way
Ada, Oklahoma 74820
Fax: (580) 272-2549