



# GENERAL PROGRAM APPLICATION

## APPLICANT AND PROGRAM INFORMATION: TRIBAL09

Today's Date:	Program Name: Witness Examination Skills for Tribal Advocates		
Name: Mr. or Ms.	Program City/State: Grand Forks, ND		
Nametag First Name Appearance:	Program Dates: July 15-17, 2009		
E-Mail:	Assistant's E-Mail:		
Business Phone: (     )	Mobile Phone: (     )		

Company Name:	Title:
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Mailing Address:  
(No P.O. Boxes)

City:	State:	ZIP Code:	Fax: (     )
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Ethnic Background (In compliance with Affirmative Action standards) *(Please mark)*  
 African-American     Asian     Caucasian     Hispanic     Native-American     Other \_\_\_\_\_

Type of Legal Practice *(Please mark)*  
 Legal Aid     Government     Sole Practitioner     Non-Profit     Corporation     Firm

Size of Firm *(Please mark if applicable)*  
 Small (2-20)     Medium (21-70)     Large (71-200)     Ex-Large (71-200)

Law Interests/Specialization(s):

## BAR ADMISSIONS *(States listed below will be the state CLE forms provided for you at the program)*

Bar ID#:	State:	Year:
Bar ID#:	State:	Year:

## PROGRAM DETAILS

Will you require special accommodations to access the facility or need assistance? <i>(Circle YES or NO)</i>	<b>YES</b>	<b>NO</b>
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SIGNATURE:	DATE:
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Return Application to: NITA Admissions, 361 Centennial Parkway, Suite 220, Louisville, CO 80027  
P: 800.225.6482 F: 303.484.7610 E-Mail: [Customerservice@nita.org](mailto:Customerservice@nita.org)