



29th Annual Trail of Tears Association Conference & Symposium

September 28 - 30
Embassy Suites
Kennesaw, Georgia



REGISTRATION FORM (One form per Registrant Please)

Contact Information

1. Name & State (as wanted on name badge):		2. Organization Representing (if applicable):	
3. Mailing Address:			
4. City:		5. State:	6. Zip Code:
7. Telephone: ()		8. Fax: ()	
9. Email:			

Registration

10. Regular Registration ☐ TOTA 2026 Member \$150 ☐ Non-member \$200*		*Non-member registration includes TOTA membership through 2027		11. On-Site Registration ☐ TOTA 2026 Member \$250 ☐ Non-member \$300*		*Non-member registration includes TOTA membership through 2027	
12. Off-Site Attendance - Breakfast will be provided daily by the hotel for registered guests. - Lunch will be provided Monday, Tuesday, & Wednesday.				13. Guest Meals I need to register my guest, _____ for the following meals: ☐ Monday: Lunch - \$40 ☐ Tuesday - Lunch - \$40 ☐ Wednesday - Lunch \$40 Guest Meals Total: _____			

Total Fees

14. Registration Fee from Line 10 or 11 = \$ _____		17. Update Notification preference: ☐ Email ☐ USPS Mail	
15. Guest Meal Fees from Line 13 = \$ _____		18. Are you a citizen of a federally recognized tribe?	
16. Total Registration Fees= \$ _____ Add lines from 14 & 15		☐ Yes ☐ No	

For TOTA office use only:

Check Amount: \$ _____ Check No. _____ Cash: \$ _____

P.O. Amount: \$ _____ P.O. No. _____ Conf No. _____

Total Received \$ _____ Received By _____ Date _____

Field Trip Waiver *Please sign this liability waiver if you plan to participate in the field trips.*

The undersigned hereby agrees that neither the Trail of Tears Association (TOTA), its chapters, directors, officers, employees, and agents, nor to the extent legally permissible any private or public (state or federal or instrumentality of either), landowner or tenant or licensee in possession of any land or over which any tour, field trip, or outing takes place, or through which it travels, in connection with or as a part of any meeting or convention of TOTA shall have any responsibility or liability, in whole or in part for any loss, damage, injury to person or property, delays and delayed departure or arrival, missed carrier connections, cancellations, changes in schedules, program, or itinerary, or mechanical defect or failures, or for any negligent act or omissions of any nature whatsoever which results from, or arises out of, occurs at or during any activities, programs, tours, field trip, or outing there at, or part of any of the foregoing. All persons registering at or attending any such meeting or convention shall be bound by the foregoing and deemed to have consented and agreed to the same by such registration or attendance.

Signature _____ **Date** _____

Cancellation Policy

A written and signed notice of cancellation must be submitted to the Trail of Tears Association, 412 N. Hwy 100, Suite B, PO Box 329 Webbers Falls, OK 74470 in order to receive a refund. A 50% refund will be granted if notice is received by Sept. 16. NO refunds will be granted after Sep. 23, 2025.

Make Check or Money Order Payable to: Trail of Tears Association

Send to: Trail of Tears Association P.O. Box 329; Webbers Falls, OK 74470

Hotel Registration link:
<https://rdar.li/tota25hotel>

HOTEL INFORMATION:

Embassy Suites,
620 Chastain Rd,
Kennesaw, GA 30144

For Reservations Call: (770) 659-6106, ask for the 29th TOTA conference rate

Book online at: hotel.nationaltota.com

This link directs you to the TOTA room block

Conference Room Rate:

\$155 2 Room Suite - 1 King Bed Non-Smoking.

\$175 2 Room Suite - 2 Queen Beds Non-Smoking.

\$175 2 Queen 2 Room Suite (Hearing Accessible) Non-Smoking.



QUESTIONS? Contact Roy Barnes at nationaltota@gmail.com or (918) 464-2258



**TRAIL OF
TEARS**
Association

Visit our website at
<https://www.nationaltota.com>
for online registration