



Tribal Enrollment

Audit and Reconstruction Workshop

April 22-23, 2020 Flamingo Hotel, Las Vegas, NV

Registration Fee **\$769/\$869** with Certification Test

Creating Stronger Nations is conducting training for potential CSN Enrollment Audit / Reconstruction Team Members to give you the framework and skills to work on Tribal Enrollment projects with CSN and Tribes throughout Indian Country. Apply your current knowledge base with this intensive two-day training to become a more effective and valuable Enrollment Staff or Committee Member and a potential CSN Team Member. Even if you are not interested in becoming a CSN team member these skills will help you to dramatically improve the systems and conditions within your own tribal organization's enrollment department. 8am Continental Breakfast, Workshop 9am–4pm each day

- Introduction to becoming a Enrollment Auditor or Reconstruction Team Member
- Ethics/ code of conduct/ confidentiality
- Understanding the Ordinance's Criteria
- Working with the Council, Enrollment Committee, Enrollment Staff, Membership
- A Memorandum of Agreement between the Council, Committee and the Staff
- Understanding the Scope of the Audit or Reconstruction
- The Roles of the Audit / Reconstruction Team
- Working with files, Security issues
- Making Lists, Working in teams, Checking the Work
- Reports: Problem reports, Blood Quantum Discrepancy reports, Qualified member reports
- Working with CSN's exclusive Audit/Reconstruction Software
- Learn to use the latest Available research tools
- How to report to the Tribal Council: Should reports block sensitive information, such as names, until after the Tribal Council makes a determination?
- Optional Certification Test (\$100)

REGISTER NOW: 1-800-888-1027 or 603-643-6066

SPECIAL INCENTIVE FOR GROUPS OF 5 OR MORE

www.CSNINC.net



3555 S Las Vegas Blvd, Las Vegas, NV 89109

(702) 733-3111

Send and Make Payment to CSN, Inc.

P.O. Box 859, Hanover, NH 03755 or Fax 603.643.6008

Name: _____ First: _____ MI: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

PO#: _____ or Check #: _____

Card Type: Visa Mastercard AMEX Diners Club Discover Card

Credit Card #: _____ Exp. Date: ____/____/____

Name on Credit Card: _____

Signature: _____

NOTE: CSN Inc. retains the right to substitute instructors and agenda topics when necessary. CSN Inc. is not responsible for non-refundable airline tickets and other expenses.