The Klamath Tribes
Tribal **E**mployment **R**ights **O**ffice (TERO)

P.O. Box 436 | 501 Chiloquin Blvd. Chiloquin, OR 97624 | (541) 783-2219 | TERO@klamathtribes.com

2026 TERO Contractor Certification Workshop Registration Form

Contractor or Company Name: _____

Workshop Participant(s) and Job Title(s): _____

Mailing Address: _____

Email: _____ Phone Number: _____

Workshop Date

(Sessions are from 10 AM – 12 PM PST)

Custom Date ☐ *Preferred Date*: _____ **Mar. 5** ☐ **June 4** ☐ **Sept. 3** ☐ **Dec. 3** ☐

Workshop Format

Zoom ☐ **In-Person** ☐

In-person workshops are held at 501 Chiloquin Blvd. Chiloquin, OR 97624

Payment Option

☐ **$650** at least 2 weeks in advance, 1 participant

☐ **$50** for each additional early registered participant

☐ **$750** late registration, 1 participant

☐ **$100** for each additional late registration participant

Total Dollar Amount: $ _____

Payment should be mailed to:

The Klamath Tribes TERO
Attention Office Manager
P.O. Box 436 Chiloquin, OR 97624

Checks should be made payable to 'The Klamath Tribes' *(note 'TERO' in the check memo section).*

Email this completed form to TERO@klamathtribes.com or mail to the address above.