

# IHS/CAO Annual Tribal Consultation

## TRIBAL VOTER DESIGNATION

**(Required to designate a voter other than current Tribal Chairperson)**

During this year's Indian Health Service/California Area Office (IHS/CAO) Annual Tribal Consultation, March 11-14, 2013, in the spirit of the government-to-government relationship, the leaders of California Federally-Recognized Tribal Governments will be asked to vote on various issues at the meeting. For the most part, the purpose of these votes is to collectively provide advice and guidance to the Area Director on selected issues and to measure agreement on subjects that are discussed during the consultation.

Based on the Federal Advisory Committee Act (FACA), Tribal Governments may designate, by tribal resolution or letter, a representative to participate in voting at the Annual Tribal Consultation, such as a current duly-elected Tribal official, Tribal employee, or Tribal member. The IHS/CAO is not making any judgment as to whom the appropriate Tribal official should be. The IHS/CAO will not mediate any disputes over who or how the representative is given the authority to vote on the Tribal Government's behalf at this consultation.

Your signature authorizes your representative to vote for your Tribal Government during the Annual IHS/CAO Tribal Consultation. He/she will be issued a voting card on-site at Pala, on the morning of March 12. Your signature also assures the IHS/CAO that this designation has been made in accordance with your Tribal Government's procedures for conducting business.

The individual identified on this form is designated to represent the below named Tribal Government for voting at the IHS/CAO Annual Tribal Consultation, March 11-14, 2013 in Pala, California.

Tribal Government (Print):
Tribal Chairperson Name (Print):
Tribal Chairperson Signature:
Name of Designated Representative (Print):

**Please fax or send via email this TRIBAL VOTER DESIGNATION form to:**

Travis Coleman  
Indian Health Service/California Area Office  
E-mail: [travis.coleman@ihs.gov](mailto:travis.coleman@ihs.gov)  
Phone: (916) 930-3981 Ext. 319  
Fax: (916) 930-3951