31st National Indian and Native American Employment and Training Conference

April 25-30, 2010 - Albuquerque, New Mexico

CONFERENCE REGISTRATION

Grantee Organization:			
Mailing Address:			Daytime Phone: ( ) Ext.
City:	State:	Postal Code:	Fax No.: ( )
Contact Person:		Email Address:	

Please list the names(s) and title(s) of individuals who will be attending. If you are not sure of the name(s) of the individual(s) who will be attending, write in "unsure." Please indicate if individual is a new employee. (Type or print clearly.)

Mr., Ms., Dr., etc.	Name (to be used for badge)	Title/Position (to be used for badge)	First Time Attendee	Conference Presenter	T-Shirt Size*
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
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			☐	☐	

*S, M, L, XL, 2X, etc. for planning purposes

REGISTRATON FEES

RECEIVED ON OR BEFORE December 31, 2009..... $250.00 per person

RECEIVED AFTER December 31, 2009..... $300.00 per person

PRESENTER RATE.....$200.00 per person

If special accommodations for disabled individuals are needed, please notify NINAETC by March 26, 2010.

Early registration helps with planning activities and meals AND saves you money.

All registration fees are non-refundable.

A limited number of luncheon and banquet tickets may be available for onsite purchase.

No. of Participants ____ x $_____(fee) = $_____

No. of Presenters ____ x $200.00 (fee) = $_____ Total: $_____

☐ Check enclosed -- make payable to: **National Indian and Native American Employment and Training Conference**

☐ VISA/MasterCard

Card No.:_____ Exp. _____

Cardholder's Signature:_____

Cardholder's Name (printed):_____

Card Billing Address: _____

INCLUDING ZIP CODE _____

Mail form and payment to: Lorenda T. Sanchez, NINAETC Treasurer
2010 NINAETC Executive Committee
738 N Market Blvd., Sacramento, CA 95834

For further information, call: (916) 920-0285; (800) 748-5259 – TTY; (916) 641-6338 - fax

FOR NINAETC USE ONLY

PAID BY: ☐ CK. AMT.: $_____ CK. NO.: #_____ ☐ CASH $_____

☐ PO AMT.: $_____ PO NO.: #_____ ☐ OTHER_____

☐ CREDIT CARD AMT.: $_____ AUTHORIZATION CODE: _____

TOTAL AMOUNT REC'D: $_____ REC'D BY_____ DATE:_____