

# 45<sup>th</sup> National Indian and Native American Employment and Training Conference – WIOA Section 166/PL 102-477

December 8 - 11, 2025 | Omni Providence Hotel | Providence, Rhode Island



## TRAINING REGISTRATION



Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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." (Type or print clearly.) *Email addresses are needed for the electronic event platform.*

**Selection Required**  
 Organization Type (166, 477, Federal, Business, etc.)  
 166    477    Other \_\_\_\_\_

Name (to be used for badge)		Title/Position (to be used for badge)	1 <sup>st</sup> Time Attendee	New Director	T-Shirt Size*
First	Last				
		Email Address: _____			
		Email Address: _____			
		Email Address: _____			
		Email Address: _____			
		Email Address: _____			

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

Mail form and payment to: Lorenda T. Sanchez, 166 Treasurer, 2025 NINAETC-166/477 Executive Committee  
 738 North Market Boulevard, Sacramento, California 95834

or Email to: [training@cimcinc.com](mailto:training@cimcinc.com)

For registration information, contact: [training@cimcinc.com](mailto:training@cimcinc.com) or (916) 920-0285.

**NINAETC-166/477 USE:**

PO Amt.: \$ \_\_\_\_\_ PO# \_\_\_\_\_  CM Amt.: \$ \_\_\_\_\_ CM# \_\_\_\_\_ Date Received: \_\_\_\_\_

Amt. Received: \$ \_\_\_\_\_  Ck.# \_\_\_\_\_  Cash  Credit Card Date Received: \_\_\_\_\_

**REGISTRATION FEES**

RECEIVED

BY **October 14, 2025** .....\$450.00 per person  
 Oct. 15, 2025 – **October 28, 2025** .....\$500.00 per person  
 Oct. 29, 2025 – **November 12, 2025** . \$550.00 per person  
 Nov. 13, 2025 through Onsite .....\$650.00 per person

*Payment, Purchase Order, or Credit Memo must be received by email, fax, or be postmarked (regular mail) by the due date.*

**All registration fees are non-refundable.**

**Registrants:** \_\_\_\_\_ x \$ \_\_\_\_\_ (fee) = \$ \_\_\_\_\_

Make payable to: **NATIONAL INDIAN AND NATIVE AMERICAN EMPLOYMENT TRAINING**

Check # \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Purchase Order # \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Credit Memo # \_\_\_\_\_ Amt. \$ \_\_\_\_\_

VISA / MasterCard (\$15.00 fee per registrant)

Total Registration fees \$ \_\_\_\_\_

+ Registrants: \_\_\_\_\_ X \$15.00 = \$ \_\_\_\_\_

= Total Credit Card Payment \$ \_\_\_\_\_

Card No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name (printed): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ INCLUDING ZIP CODE

Card Billing Phone No.: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_