



46th National Indian and Native American Employment and Training Conference

June 1-4, 2026 | DoubleTree by Hilton | Sacramento, California

Exceeding the Vision – Expanding the Possibilities



CONFERENCE 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 st Time Attendee	New Director	T-Shirt Size*
First	Last				
		Email Address:			
		Email Address:			
		Email Address:			
		Email Address:			
		Email Address:			
		Email Address:			

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

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

Mail form and payment to: Lorenda T. Sanchez, 2026 NINAETC Executive Committee
738 North Market Boulevard, Sacramento, California 95834

OR Email to: training@cimcinc.com

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

NINAETC USE:

☐ PO Amt.: \$ _____ PO# _____ ☐ CM Amt.: \$ _____ CM# _____ Date Received: _____

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

REGISTRATION FEES

RECEIVED

BY **April 7, 2026** \$450.00 per person

April 8, 2026 – **May 5, 2026**..... \$550.00 per person

May 6, 2026 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) = \$ _____

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☐ 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: _____