



39th National Indian and Native American Employment / Public Law 102-477 Training
April 8-13, 2018 - Paragon Casino Resort, Marksville, Louisiana



TRAINING 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 first time attendee. (Type or print clearly.)

Name (to be used for badge)		Title/Position (to be used for badge)	New Director*	First Time Attendee	Training Presenter	T-Shirt Size**
First	Last					

*Complete New Directors Training Registration Form

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

Mail form and payment to: Lorenda T. Sanchez, 2018 NINAETC Executive Committee
738 North Market Boulevard, Sacramento, California 95834

For information, contact: (916) 920-0285; (800) 748-5259 – TTY; (916) 641-6338 – fax; email: training@cimcinc.com

NINAETC USE: <input type="checkbox"/> PO Amt.: \$ _____ PO# _____ Date Received: _____
Amt. Received: \$ _____ <input type="checkbox"/> Ck# _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card Date Received: _____

REGISTRATION FEES

RECEIVED ON OR BEFORE
January 19, 2018.....\$300.00 per person
RECEIVED AFTER January 19, 2018
AND BY February 28, 2018.....\$400.00 per person
AFTER February 28, 2018(ONSITE)..\$450.00 per person
Payment must be received or postmarked by due date.
Early registration helps with planning activities
AND saves you money.

All registration fees are non-refundable.

No. of Registrants: _____ x \$ _____ (fee)
= \$ _____

Check enclosed -- make payable to: **NATIONAL INDIAN AND NATIVE AMERICAN EMPLOYMENT TRAINING**

Purchase Order # _____

VISA / MasterCard (\$5.00 fee per transaction)

Registration Total \$ _____ +\$5.00 = \$ _____

Card No. _____

Expiration Date: _____

Cardholder's Name (printed): _____

Card Billing Address: _____

INCLUDING ZIP CODE

Card Billing Phone No.: _____

Cardholder's Signature: _____
