



# 41<sup>st</sup> National Indian and Native American Employment / Public Law 102-477 Training

## May 31 – June 4, 2020 – Crowne Plaza, Providence/Warwick, Rhode Island



# TRAINING REGISTRATION

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					

### REGISTRATION FEES

RECEIVED  
 BY February 14, 2020.....\$400.00 per person  
 February 15, 2020 – May 1, 2020 .....\$450.00 per person  
 May 2, 2020 – to Onsite .....\$500.00 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: \_\_\_\_\_  
 \_\_\_\_\_

\*Complete New Directors Training Registration Form, in addition to this form.

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

Mail form and payment to: Lorenda T. Sanchez, Treasurer, 2020 NINAETC/477 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](mailto:training@cimcinc.com)

<b>NINAETC/477 USE:</b>		<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: _____