

45th 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



EXHIBITOR/VENDOR APPLICATION AND AGREEMENT

Contact Person:		Title/Position:	
Company or Organization:			
Mailing Address:		Daytime Phone: ()	
City:	State:	Postal Code:	Fax No.: ()
Email Address:		Website:	
1st Badge Name/Title:		2nd Badge Name/Title:	

EXHIBIT SPACE consists of 1 6-ft. skirted table, 2 chairs, existing hotel lighting, and one set of event materials.

*One additional 6-ft. table to fit in designated space - \$50.00
(*one additional table per exhibit based on availability – may NOT bring own tables)*

☐ Electricity Required

Shipping instructions will be sent with your confirmation.

EXHIBIT SPACE FEE does not include Award Dinner and Closing Banquet Tickets – may be available for purchase.

Form and payment due by November 12, 2025

EXHIBIT SPACE RATE: (Please indicate exhibit type)

- | | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Native Arts & Crafts\$150.00
(plus donation of an item for drawing - \$50.00 value) | <input type="checkbox"/> Educational Institution\$725.00 |
| <input type="checkbox"/> Non-Profit/Tribal Organization\$300.00 | <input type="checkbox"/> Business\$725.00 |
| <input type="checkbox"/> Native Tribal Enterprise\$300.00 | <input type="checkbox"/> Government Agency\$725.00 |

No. of Spaces: _____ x \$ _____ (fee) + ☐ Additional 6-foot Table* (\$50) = \$ _____

☐ Check enclosed -- make payable to: **NATIONAL INDIAN AND NATIVE AMERICAN EMPLOYMENT TRAINING** ☐ Purchase Order # _____

☐ VISA / MasterCard (\$15.00 fee per transaction) Exhibit Space fee \$ _____ +\$15.00 = \$ _____

Card No.: _____ Card Billing Address: _____

Expiration Date: _____

Cardholder's Name (printed): _____ INCLUDING ZIP CODE

Cardholder's Signature: _____ Card Billing Phone No.: _____

Mail form and payment to: Lorenda T. Sanchez, Treasurer, 2025 NINAETC-166/477 Executive Committee

DUE NOVEMBER 12, 2025 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-166/477 USE: ☐ PO Amt.: \$ _____ PO# _____ Date Received: _____

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

TERMS OF AGREEMENT

This application for exhibit/vendor space was made and entered into by and between NINAETC-166/477 and Exhibitor/Vendor. Application for space and its acceptance constitutes a contract to use the space assigned. NINAETC-166/477 retains the right to assign and/or change space location due to unavoidable problems of the parties involved. NINAETC-166/477 reserves the right to refuse space to those applicants whose merchandise/exhibit materials are deemed not to be within the best interests of NINAETC-166/477.

The Exhibitor/Vendor indemnifies and agrees to hold harmless NINAETC-166/477 and the Omni Providence Hotel, their officers, directors, employees, and representatives, from and against any actions, losses, costs, damages, claims, and expenses including attorney's fees, arising from any damage to property or bodily injury to Exhibitor/Vendor, his agents, representatives, employees by reason of the Exhibitor/Vendor's occupancy or use of the exhibition facilities.

In accordance with the foregoing agreement for the 45th NINAETC-166/477 training event, to be held December 8-11, 2025, the undersigned makes an application for exhibit/vendor space and encloses the full fee for each space requested.

Signature: _____

Date: _____