



42nd National Indian and Native American Employment Training – WIOA 166/PL 102-477

May 2-5, 2022 – Hard Rock Hotel & Casino Tulsa, Catoosa, Oklahoma



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." (Type or print clearly.) 166 477 Other _____

Name (to be used for badge)		Title/Position (to be used for badge)	Virtual Attendee	First 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

Mail form and payment to: Lorenda T. Sanchez, Treasurer, 2022 NINAETC-166/477 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

NINAETC-166/477 USE: PO Amt.: \$ _____ PO# _____ Date Received: _____

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

REGISTRATION FEES

RECEIVED

BY March 4, 2022.....\$400.00 per person
 Virtual Attendance\$320.00 per person
 March 5, 2022 – April 1, 2022\$450.00 per person
 Virtual Attendance\$370.00 per person
 April 2, 2022 – April 14, 2022\$500.00 per person
 Virtual Attendance\$420.00 per person
 April 15, 2022 through Onsite\$600.00 per person
 Virtual Attendance\$520.00 per person
 Payment must be received by email, fax, or postmarked by due date.

All registration fees are non-refundable.

No. of In-person Registrants: _____ x \$ _____ (fee)

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

TOTAL = \$ _____

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: _____