



DAILY REGISTRATION

First Name:		Last Name:	
Title:			
Organization:			
Mailing Address:			
City:	State:	Postal Code:	
Phone: ()	Ext.)	Fax No.: ()	
Email Address:			

DAILY REGISTRATION FEE: \$125.00 **No. of Days:** _____ **x \$125.00 = \$** _____

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 = \$ _____ (amount due)

Card No. _____ Expiration Date: _____

Cardholder's Name (printed):

Card Billing Phone No.: _____

Card Billing Address:

Cardholder's Signature:

INCLUDING ZIP CODE

Mail form and payment to: Lorenda T. Sanchez, 2019 NINAETC Executive Committee
 738 North Market Boulevard, Sacramento, California 95834
 or
 email to training@cimcinc.com
 fax to (916) 641-6338

For further information, call (916) 920-0285.

NINAETC/477 USE: PO Amt.: \$ _____ PO# _____ Date Received: _____
 Amt. Received: \$ _____ Ck.# _____ Cash Credit Card Date Received: _____