

## 41st National Indian and Native American Employment / Public Law 102-477 Training May 31 – June 4, 2020 – Crowne Plaza, Providence/Warwick, Rhode Island



## TRAINING REGISTRATION

Mailing Address:    Daytime Phone:											
City: State: Postal Code: Fax No.: ( ) Ext. BY February 14, 2020\$400.00 p. February 15, 2020 – May 1, 2020\$450.00 p. May 2, 2020 – to Onsite\$500.00 p. Payment must be received or postmarked by a Early registration helps with planning active AND saves you money.    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)   Treining Training Tra	Organization:								REGISTRATION FEES		
City: State: Postal Code: Fax No.: ( ) Ext. BY February 14, 2020\$400.00 p. February 15, 2020 – May 1, 2020\$450.00 p. May 2, 2020 – to Onsite\$500.00 p. Payment must be received or postmarked by a Early registration helps with planning active AND saves you money.    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)   Treining Training Tra									DECEMEN		
City: State: Postal Code: Fax No.: ( )  Contact Person: Email Address:  February 15, 2020 – May 1, 2020\$450.00 p. May 2, 2020 – to Onsite\$500.00 p. Payment must be received or postmarked by at Early registration helps with planning active AND saves you money.  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) Director* Attendee Presenter Size**  No. of Registrants: x \$ \$ Check enclosed make payable to: NATIO INDIAN AND NATIVE AMERICAN EMPLOYMENT To Director # Purchase Order #	Mailing Address:				Daytime Phone:						
Contact Person:    Email Address:				(	)		Ext.				
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   New   First Time   Training   T-Shirt	City:	State:	Postal Code:	Fax No.:	)				May 2, 2020 – to Onsite\$500.00 per person		
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)									Early registration helps with planning activities		
First Last (to be used for badge) Director* Attendee Presenter Size**  No. of Registrants: x \$				-		-	vidual(s) v	vho	All registration fees are non-refundable.		
First Last (to be used for badge) Director* Attendee Presenter Size**  No. of Registrants: x \$	Name (to be used for badge)		Title/Position		New	First Time	Training	T-Shirt			
Check enclosed make payable to: NATIO INDIAN AND NATIVE AMERICAN EMPLOYMENT TO Purchase Order #	First	Last	(to be used for badge)		Director*	Attendee	Presenter	Size**	No. of Registrants: x \$ (fee)		
INDIAN AND NATIVE AMERICAN EMPLOYMENT TO Purchase Order #											
									Indian and Native American Employment Training		
□ VISA / MasterCard (€5 00 for next transcet)									Purchase Order #		
VISA / IviaSter Card (\$5.00 fee per transacti									☐ VISA / MasterCard (\$5.00 fee per transaction)		
Registration Total \$ +\$5.00 = \$									Registration Total \$ +\$5.00 = \$		
Card No									Card No		
Expiration Date:									Expiration Date:		
Cardholder's Name (printed):									Cardholder's Name (printed):		
Card Billing Address:									Card Billing Address:		
*Complete New Directors Training Registration Form, in addition to this form.  **S, M, L, XL, 2X, etc. for planning purposes	*Complete New Directors Train	ning Registration Form, in add	lition to this form.	**S	, M, L, XL, 2	2X, etc. for	planning p	urposes			
infail form and payment to: Lorenda 1. Sanchez, Treasurer, 2020 NINAETC/477 Executive Committee	Mail form and payment to: Lorenda T. Sanchez, Treasurer, 2020 NINAETC/477 Executive Committee 738 North Market Boulevard, Sacramento, California 95834							INCLUDING ZIP CODE			
card bining i none non									Card Billing Phone No.:		
For information, contact: (916) 920-0285; (800) 748-5259 – TTY; (916) 641-6338 – fax; email: <a href="mailto:training@cimcinc.com">training@cimcinc.com</a> Cardholder's Signature:								Cardholder's Signature:			
NINAETC/477 USE: PO Amt.: \$ PO# Date Received:											
Amt. Received: \$ Ck.# Cash Credit Card Date Received:	Amt. Received: \$	Ck.#	Cash Cr	edit Card	Date Rece	eived:					