



44<sup>th</sup> National Indian and Native American Employment Training – WIOA 166/PL 102-477  
 May 13-17, 2024 | Rosen Plaza Hotel | Orlando, Florida



# TRAINING REGISTRATION

Organization:			
Mailing Address:		Daytime Phone:	
		(      )      Ext.	
City:	State:	Postal Code:	Fax No.:
			(      )
Contact Person:		Email Address:	

**REGISTRATION FEES**

RECEIVED

BY **March 18, 2024**.....\$400.00 per person

March 19, 2024 – **April 15, 2024** .....\$450.00 per person

April 16, 2024 – **April 29, 2024** .....\$500.00 per person

April 30, 2024 through Onsite .....\$600.00 per person

*Payment must be received by email, fax, or postmarked by due date.*

**All registration fees are non-refundable.**

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.)

**Selection Required**  
 Organization Type (166, 477, Federal, Business, etc.)  
 166    477    Other \_\_\_\_\_

Name (to be used for badge)		Title/Position (to be used for badge)	First Time Attendee	New Director	T-Shirt Size*
	Last				
		Email Address:			
		Email Address:			
		Email Address:			
		Email Address:			
		Email Address:			
		Email Address:			
		Email Address:			

**Registrants:** \_\_\_\_\_ x \$ \_\_\_\_\_ (fee) = \$ \_\_\_\_\_

Check enclosed -- make payable to: **NATIONAL INDIAN AND NATIVE AMERICAN EMPLOYMENT TRAINING**

Purchase Order # \_\_\_\_\_

VISA / MasterCard (\$15.00 fee per registrant)

Total Registration fees      \$ \_\_\_\_\_

+ Registrants: \_\_\_\_\_ X \$15.00 = \$ \_\_\_\_\_

= Total Credit Card Payment      \$ \_\_\_\_\_

Card No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name (printed): \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

INCLUDING ZIP CODE

Card Billing Phone No.: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

\_\_\_\_\_

Mail form and payment to: Lorenda T. Sanchez, Treasurer, 2024 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](mailto:training@cimcinc.com)

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

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