41st National Indian and Native American Employment Training – WIOA 166/PL 102-477

September 20-23, 2021 – Crowne Plaza, Providence/Warwick, Rhode Island

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." Please indicate if individual is a first time attendee. (Type or print clearly.)

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

*Complete New Directors Training Registration Form, in addition to this form. **S, M, L, XL, 2X, etc. for planning purposes

Mail form and payment to: Lorenda T. Sanchez, Treasurer, 2021 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 February 14, 2020.....$400.00 per person
Feb. 15, 2020 – August 16, 2021 .....$450.00 per person
August 17, 2021 – to Onsite .....$500.00 per person

Payment must be received or postmarked by due date.
Early registration helps with planning activities
AND saves you money.

All registration fees are non-refundable.

No. of Registrants: _____ **x $** _____(fee)
= $ _____

☐ 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: