



# 27th National Indian and Native American Employment and Training Conference

May 14-19, 2006 - Tulsa, Oklahoma

## CONFERENCE REGISTRATION

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

▷ Please list the name(s) and title(s) of individual(s) 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 new employee. (Type or print clearly.)

Name	Title/Position	New Employee	T-Shirt Size*
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	_____

\*S, M, L, XL, 2X, etc.  
(for planning purposes)

**REGISTRATION FEES**  
 RECEIVED ON or BEFORE  
 JANUARY 6, 2006 ..... **\$200.00**  
 per person

RECEIVED AFTER  
 JANUARY 6, 2006  
 or ON-SITE ..... **\$300.00**  
 per person

If special accommodations for disabled individuals are needed, please notify our office by April 1, 2006.

*Early registration helps with planning activities and meals AND saves you money.*

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

A limited number of banquet tickets may be available for on-site purchase.

No. of Individuals \_\_\_\_\_ x \$ \_\_\_\_\_ (fee) = \$ \_\_\_\_\_

▷ Make check payable to: **NATIONAL INDIAN AND NATIVE AMERICAN EMPLOYMENT AND TRAINING CONFERENCE**

**OR**

Visa Card No.: \_\_\_\_\_ Exp. \_\_\_\_\_

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

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

▷ Mail form and check to: **Lorenda T. Sanchez, NINAETC Treasurer**  
**2006 NINAETC Executive Committee**  
**738 No. Market Boulevard, Sacramento, California 95834**

For further information, call: (916) 920-0285; (800) 748-5259 - TTY; (916) 641-6338 - FAX

FOR NINAETC USE ONLY			
PAID BY:	<input type="checkbox"/> CK. AMT.: \$ _____	Ck. No.: # _____	<input type="checkbox"/> CASH: \$ _____
	<input type="checkbox"/> P.O. AMT.: \$ _____	P.O. No. # _____	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> CREDIT CARD AMT.: \$ _____	AUTHORIZATION CODE: _____	
TOTAL AMT RECEIVED: \$ _____	RECEIVED BY: _____	DATE: _____	