

◆◆◆◆ 2018 WESTERN REGIONAL WIOA/477 TRAINING ◆◆◆◆

February 26-March 2, 2018

Casino Del Sol Resort
5655 West Valencia Road Tucson AZ 85757

REGISTRATION FORM

Registration Fee & Payment

Online registration and payment is available with the Phoenix Indian Center website at:

<http://phxindcenter.com/>

Registration Fee Schedule

\$275.00----- Early Bird Registration

Received by or on **January 12, 2018**

\$400.00-----**Registrations received after January 12, 2018 including On-site registration**

*(All registration fees are **non-refundable**)*

Early registration helps with planning activities & meals AND saves you money!

Payments:

Payments can be made Online at phxindcenter.org OR by sending Company Check, Money Order or Credit Card information; Payable to the

Phoenix Indian Center, Inc./Native

Workforce Services. Call to request an IRS W-9.

Mail FULL Payment BY CHECK to:

Phoenix Indian Center, Inc.

Western Regional WIOA Training
4520 N. Central Avenue, Suite 250

Phoenix, AZ 85012 **FAX: 602-274-7486**

***EMAIL OR FAX THIS FORM TODAY. MAKE A COPY AND SEND WITH YOUR CHECK.**

Hotel Accommodations:

Host hotel, Casino Del Sol Resort register asap.

Please check for availability of the single/double is \$109.00 (plus \$13.19 Occupancy fee). **Group Name:** Western Region WIOA. **YOU must** call hotel at (855.765.7829) and ask for the group rate.

Info: Complimentary self-parking.

This form **CONFIRMS ATTENDANCE** for the individual listed on this form.

(Please type or print clearly. Use one form per registrant.)

Grantee Name: _____

Mr. Ms. Other _____

First: _____

Last: _____

Title/Position: _____

Address: _____

City: _____

State: _____ Postal Code: _____

Telephone: _____

Fax Number: _____

Email: _____

Payment Total: \$ _____

Check enclosed – make payable to: **PHOENIX INDIAN CENTER, INC.**

Purchase Order # _____

Credit Card (additional \$5.00 fee)

Visa Master Card Other Card

Card No.: _____

Expiration Date: _____

CVV Code: _____

Cardholder Name: _____

Card Billing Address: _____

Card Billing Phone: _____

Signature: _____

For further information, please contact the Phoenix Indian Center, 602-264-6768. Ask for Bree Marshall. -

-Send your form in **NOW** – (1) **Scan and email**

completed form to bmarshall@phxindcenter.org

OR (2) Fax completed form to Bree at 602-274-7486