

◆◆◆◆ 2019 WESTERN REGIONAL WIOA/477 TRAINING ◆◆◆◆

February 18 - February 22, 2019

Albuquerque Marriott

2101 Louisiana Boulevard, Albuquerque, NM 87110

REGISTRATION FORM

Registration Fee & Payment

Online registration and payment is available at:
<https://wioa2019.auction-bid.org/microsite/register-tickets>

Registration Fee Schedule

\$275.00----- Early Bird Registration
Received by or on **December 31, 2018**
\$400.00----- **Registrations received after December 31, 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
<https://wioa2019.auction-bid.org/microsite/register-tickets>
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, Albuquerque Marriott, register asap. Please check for availability of the single/double is \$94.00 (plus state and local taxes of 13.875%).
Group Name: NINAETC. YOU **must** call hotel at (505.881.6800) and ask for the group rate or book online at
https://www.marriott.com/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkData=NINAETC%5Eabqnm%60ricica%6094.00%60USD%60false%604%602/17/19%602/22/19%602/2/19&app=resvlink&stop_mobi=yes

Reserve your room by 2/2/2019!

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

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