

◆◆◆◆ 2022 WESTERN REGIONAL WIOA/477 TRAINING ◆◆◆◆

November 7-11, 2022

Wild Horse Pass Hotel & Casino  
5040 Wild Horse Pass Blvd. | Chandler, AZ 85226

**REGISTRATION FORM**

**Registration Fee & Payment**

Online registration and payment is available at:  
<https://aesaz.co/ELP/WIOA2022/Tickets>

**Registration Fee Schedule**

\$275.00----- Early Bird Registration  
Received by or on **August 30, 2022**  
\$400.00----- **Registrations received after August 30, 2022 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://aesaz.co/ELP/WIOA2022/Tickets>

OR by sending Company Check, Money Order or Credit Card information; Payable to the **Phoenix Indian Center, Inc./Western Regional WIOA/477 Training**. Call or email to request an IRS W-9.

**Mail FULL Payment BY CHECK to:**

**Phoenix Indian Center, Inc.**  
Western Regional WIOA/477 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 is Wild Horse Pass Hotel & Casino, register asap. Please check for availability of the single/double. Rate is \$151.00 (plus room tax).  
**Group Name:** "2022 Western Regional WIOA/477 Training." YOU **must** call hotel at 1.800.946.4452 x4900 or 520.796.4900 and ask for the group rate or book online at  
<https://bit.ly/whpreservations>

**Reserve your room by 10/7/2022**

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](mailto:bmarshall@phxindcenter.org) **OR** (2) **Fax** completed form to Bree at 602-274-7486