

◆◆◆◆ 2023 WESTERN REGIONAL WIOA/477 TRAINING ◆◆◆◆

October 29-November 2, 2023

Pechanga Resort Casino
45000 Pechanga Pkwy | Temecula, CA 92592

REGISTRATION FORM

Registration Fee & Payment

Online registration and payment is available at:

Registration Fee Schedule

\$275.00----- Early Bird Registration

Received by or on **August 31, 2023**

\$400.00----- **Registrations received after August 31,**

2023 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://2023WIOA.givesmart.com>

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: 602-237-6953

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

Hotel Accommodations:

Host hotel is Pechanga Resort Casino, register asap.

Please check for availability of the

single/double. Rate is \$165.00 (plus room tax). **Group**

Name: "Western Regional WIOA 166/477 Training."

YOU **must** call hotel at 1.888.732.4264 or book online

at <https://bit.ly/2023west-reg-blue-reg> and provide

booking code **5298495**.

Reserve your room by 9/29/2023

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 bmarsshall@phxindcenter.org **OR** (2) **Fax**

completed form to Bree at 602-237-6953