

◆◆◆◆ 2024 WESTERN REGIONAL WIOA/477 TRAINING ◆◆◆◆

**November 3-8, 2024**

Muckleshoot Casino Resort  
2402 Auburn Way S | Auburn, WA 98002

**REGISTRATION FORM**

**Registration Fee & Payment**

**Registration Fee Schedule**

\$275.00----- Early Bird Registration. Form **and**  
Payment Received by or on **August 30, 2024**  
\$400.00-----**Registrations received after August 30,**  
**2024 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 using a credit card Online at  
<https://2024WIOA.givesmart.com>

OR by sending Company Check or Money Order  
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  
4041 N. Central Avenue, Building B  
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 Muckleshoot Casino Resort, register  
asap. Please check for availability of the  
single/double. Rate is \$176.00 (plus room tax). **Group  
Name:** "Western Regional WIOA 166/477 Training."  
YOU **must** call hotel at 1.800.804.4944

**Reserve your room by 10/09/2024**

This form and payment **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 # \_\_\_\_\_

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

Send your form and payment in NOW  
(1) Scan and email completed form to  
bmarshall@phxindcenter.org OR  
(2) Fax completed form to Bree at 602-237-6953

Signature: \_\_\_\_\_