**Native Patient Navigation Trainings**

**Registration**

Email Lisa Harjo (lisaharjo@aol.com) and Linda B (Burhansstipanov@gmail.com) with any questions or registration materials.

**Participant information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell/mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates participant will be attending

Week 1 Aug 8-12 August 8 August 10 August 12

Week 2 Aug 15-19 August 15 August 17 August 19

Week 3 Sept 19-23 Sept 19 Sept 21 Sept 23

Week 4 Sept 25-30 Sept 26 Sept 28 Sept 30

Method of Payment: NACR/NACI accepts checks and money orders. Please make the checks or money orders to “Native American Cancer Initiatives, Inc. (NACI).” Costs will be determined based on the number of days selected. We will contact you as soon as possible with the total fee. Fees need to be paid before the beginning of the first class. Please contact Lisa if you have any questions about fees. Once you have paid your fees, you will receive information about the class including materials and class information. Mvto, thank you.