



Registration Form



Oklahoma Native Fitness Event

November 12th - 15th, 2024 - Shawnee, Oklahoma
Sponsored by: Citizen Potawatomi Nation Health Services



Registration & Payment

To register, you must complete both of the following:
- send in this form with complete, accurate information
- include credit card information or a check payable to:

Native American Fitness Council
P.O. Box 4468, Durango, CO 81302
EIN 84-4187667

Registrant Information

Name _____

Tribal Affiliation _____ State _____

Phone Work _____ Cell _____

Email _____ Choose Shirt Size S M L XL 2X

Payment

\$995.00 - Personal Trainer Certification - November 12th - 15th, 2024

Payment is due **October 25th, 2024!** A \$35 fee will be added for later payments.

Payment (We do not accept Purchase Orders)

VISA MC Check Money Order (payable to: Native American Fitness Council)

Credit Card # _____ 3 Digit Security Code _____

Expiration Date _____ CC Zip Code _____ Total Payment _____

Signature _____ Date _____

Cancellation Policy: To receive a refund, you must give written cancellation notice 4 weeks prior to the start of the event date. You will receive a refund payment minus a \$55.00 processing fee. Cancellations after that date & no shows will receive a full credit towards future NAFC trainings minus a \$55.00 processing fee. NAFC reserves the right to cancel this event at any time and a full refund for registration fees only will be returned.

Native American Fitness Council
phone **928 774 3048**

email john@nativeamericanfitnesscouncil.com website www.nativeamericanfitnesscouncil.com



Agenda **Personal Trainer Certification**

November 12th - 15th, 2024 - Shawnee, OK

*Note - Participants must attend the complete event to receive the Personal Trainer Certificate!

Day 1

8:00 - 8:15 Registration
8:15 - 8:30 Introduction
8:30 - 10:00 Posture
10:00 - 10:15 Break
10:15 - 12:00 Body Mechanics
12:00 - 1:00 Lunch
1:00 - 2:30 Balance Exercise
2:30 - 2:45 Break
2:45 - 4:15 Stabilization Training
4:15 - 4:30 Questions & Answers

Day 2

8:00 - 8:30 Introductions & Warm-up
8:30 - 10:00 Flexibility Training
10:00 - 10:15 Break
10:15 - 12:00 Resistance Training Lecture
12:00 - 1:00 Lunch
1:00 - 2:30 Resistance Training Lower Body - Hands On
2:30 - 2:45 Break
2:45 - 4:15 Resistance Training Core - Hands On
4:15 - 4:30 Questions & Answers

Day 3

8:00 - 8:30 Introductions & Warm-up
8:30 - 10:00 Resistance Training Upper Body - Hands On
10:00 - 10:15 Break
10:15 - 12:00 Resistance Training Upper Body - Hands On (continued)
12:00 - 1:00 Lunch
1:00 - 2:30 Functional Training
2:30 - 2:45 Break
2:45 - 4:15 Professional Standards & Documentation
4:15 - 4:30 Questions & Answers

Day 4

8:00 - 8:30 Warm-up
8:30 - 10:00 Endurance Training Lecture
10:00 - 10:15 Break
10:15 - 12:00 Endurance Training - Testing
12:00 - 1:00 Lunch
1:00 - 2:45 Endurance Training - Hands On
2:45 - 3:00 Break
3:00 - 4:15 Program Design
4:15 - 4:30 Awarding of Certificates

Topic/Times Subject to Change



Travel Information
Oklahoma Native Fitness Event
November 12th - 15th, 2024 - Shawnee, OK

Participants must attend the complete event to receive certification so plan flights & travel accordingly!

Training Site & Hotel

Grand Casino Hotel & Resort

777 Grand Casino Boulevard

Shawnee, Oklahoma 74804

Telephone (hotel) 405 964 7777

Telephone (casino) 405 964 7263

Training Site - Grand Ballroom

Hotel Rooms - a rate of \$107 per night is available for hotel rooms November 11th - 15th.

Use code: **NAFCPT** when making reservations by phone. Online reservations do not accept the discount.

Local Airport

Will Rogers World Airport - Oklahoma City, OK

The Grand Casino Hotel & Resort is located about 35 miles away and does not provide shuttle.

Meals on Your Own

Morning refreshments will be provided. Lunch will be on your own with dining options available within the resort.

Hands On Learning

NAFC teaches through hands on exercise. The movements are fun and many are non strenuous. Plan to participate at your own comfort & safety level as approved by your physician. Wear appropriate workout clothing (jacket for outdoors) & gym shoes.



Native American Fitness Council Information for Accounts Payable Departments

Type of Payments Accepted

We do not accept Purchase Orders!

Credit Card - Visa or MasterCard

Check or Money Order - Made out to the: **Native American Fitness Council**

If Needing an Invoice

Email us with the invoice request and complete information you require. Please include Name of Organization, Names of Attendees, Trainings Attending & Total Amount.

Financial Information

Native American Fitness Council

Nonprofit Organization

EIN 84-4187667

<p>Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service</p>	<p>Request for Taxpayer Identification Number and Certification</p> <p>► Go to www.irs.gov/FormW9 for instructions and the latest information.</p>	<p>Give Form to the requester. Do not send to the IRS.</p>																			
<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Native American Fitness Council</p>																					
<p>2 Business name/disregarded entity name, if different from above</p>																					
<p>Print or type. See Specific Instructions on page 3.</p>	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____</p> <p><input checked="" type="checkbox"/> Other (see instructions) ► Nonprofit Exempt</p>																				
	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>																				
	<p>5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 4468</p>																				
<p>6 City, state, and ZIP code Durango, CO 81302</p>		<p>Requester's name and address (optional)</p>																			
<p>7 List account number(s) here (optional)</p>																					
<p>Part I Taxpayer Identification Number (TIN)</p> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p>Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>																					
		<p>Social security number</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>or</p> <p>Employer identification number</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td>8</td><td>4</td><td>-</td><td>4</td><td>1</td><td>8</td><td>7</td><td>6</td><td>6</td><td>7</td> </tr> </table>				-						8	4	-	4	1	8	7	6	6	7
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8	4	-	4	1	8	7	6	6	7												
<p>Part II Certification</p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. citizen or other U.S. person (defined below); and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.</p>																					
<p>Sign Here</p>	<p>Signature of U.S. person ► <i>JL A Blumitt</i></p>	<p>Date ► 1/1/2024</p>																			