



Registration Form

PERSONAL TRAINER CERTIFICATION

May 11th-14th, 2026 – Shawnee, OK
Sponsored by: Citizen Potawatomi Nation



Registration & Payment

Personal Trainer Certification Enrollment Fee **\$995.00**

Register with a credit card or ACH bank account info online

<https://nativeamericanfitnesscouncil.com/events/>

NAFC Personal Trainer Course Description

This course prepares you to become a personal training professional qualified to work in tribal wellness clinics and fitness facilities. Learn the foundations of body awareness training, flexibility movements, resistance training, cardiovascular conditioning, and functional movement, so you can effectively train and motivate others in your community. This course also covers how to design programs and provide professional interaction with clients.

Continuing Education Credits: 27 hours

Eligibility to Participate: 18 years of age or older, CPR/AED recommended (not required)

Certification Renewal: The Personal Trainer Certification is valid for five (5) years after receiving the certificate. It can be renewed at no cost for an additional five (5) years by providing NAFC with proof of 30 hours (6 hours/year) of CECs in the area of health, wellness & fitness.

Native American Fitness Council

phone **928 774 3048**

email info@nativeamericanfitnesscouncil.com website www.nativeamericanfitnesscouncil.com



Agenda
Personal Trainer Certification
May 11th-14th, 2026 – Shawnee, OK

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 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
Personal Trainer Certification
May 11th-14th, 2026 – 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

Training Site - Grand Ballroom in the Casino

Hotel Rooms – Rooms are available at a rate of \$110.00 plus tax per night blocked under **NAFC2026**.

Local Airport

Will Rogers World Airport - Oklahoma City, OK

The Grand Casino Hotel & Resort is located about 35 miles away. There are plenty of ground transport options from the airport. The Grand Casino Hotel & Resort 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 Grand Casino 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

Payment

Pay Online at <https://nativeamericanfitnesscouncil.com/events/> by entering credit card information (Visa or Mastercard) or ACH Bank information.

We do not accept Purchase Orders!

If Needing an Invoice

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

Financial Information

Native American Fitness Council 501C3 Nonprofit
EIN 84-4187667

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.																		
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																				
2 Business name/disregarded entity name, if different from above																				
Print or type. See Specific Instructions on page 3.	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.																			
	<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																			
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>																			
<input checked="" type="checkbox"/> Other (see instructions) ▶ Nonprofit Exempt		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>																		
5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 4468		Requester's name and address (optional)																		
6 City, state, and ZIP code Durango, CO 81302																				
7 List account number(s) here (optional)																				
Part I Taxpayer Identification Number (TIN) 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. <small>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.</small>																				
		Social security number <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></tr> </table> OR Employer identification number <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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Part II Certification Under penalties of perjury, I certify that:																				
1. 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 2. 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 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.																				
<small>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.</small>																				
Sign Here	Signature of U.S. person ▶ <i>JL Abbeitt</i>	Date ▶ 1/1/2026																		