

NASSCO - PAC PROGRAM

11521 CRONRIDGE DRIVE, SUITE J, OWINGS MILLS, MD 21117

CLASS REGISTRATION FORM

User Training - 2 Days

Transmit To NASSCO : FAX: (410) 486-6838 or Email to: heather@nassco.org

Today's Date: _____

1 Type of Organization: Individual Company Municipal Other

2 Org. Name

3 Contact

4 Address

5 Phone No. Fax No. Email

6 Class Location Date

7 Name(s) of Students to Register and Desired Training Type: **User (2 Days)**

750.00

750.00

750.00

750.00

Totals \$

8 Course Fees: Payment is due with enrollment - Minimum 14 days prior to scheduled class.

9 Payment Method: Check (Payable to NASSCO PACP) Credit Card: Visa MC
We DO NOT accept American Express

10 Photograph: Please bring 1 passport photo or email digital photo to andrea@nassco.org

Card Holder Name	<input type="text"/>
Card Holder Signature	<input type="text"/>
Account No:	<input type="text"/>
Expiration Date	<input type="text"/>

11 Trainer for this session is:

12 Training Location: _____ Commences: _____

13 Course fees include: Training Materials. Anything additional is left to the discretion of the trainer.