

NACE COURSE REGISTRATION FORM—DoD

COURSE: _____ COURSE DATES: _____

LOCATION: _____ COURSE CODE: _____

Branch of Service: _____ MOS/AFSCO (military job code/pay rate): _____

Supervisor's Approval (signature): _____

Supervisor's Printed Name and Rank: _____

NACE Member Number: _____ - 00 Nonmember

Surname (Last) _____ Given (First) _____

Shipping Address (Street Number, and Name)—No P.O. boxes please

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Mailing Address (Street Number, and Name)—No P.O. boxes please

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Business Phone _____ Business Fax _____

Email Address _____

Equal Opportunity

It is the policy and practice of NACE International to assure that no person will be discriminated against or be denied the benefits of any activity or pro-gram on the basis of the individual's race, color, religious creed, sex, marital status, national origin, ancestry, sexual orientation, or disability.

Continuing Education Unit (CEUs)

Course participants may receive CEUs. Contact NACE for more information.

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Online: www.nace.org

Please e-mail back to DOD@nace.org