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 (no P.O. boxes, please)—Please enter mailing address below.

City

State/Province

Zip/Postal Code

Country

Mailing Address (if different than above-please include city, state/province, and Zip/postal code)

Business Phone

Business Fax

E-mail 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 Units (CEUs)

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

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Please e-mail back to Shawna Jones at Shawna.Jones@nace.org and Carmen Peebles at Carmen.Peebles@nace.org