

**Nevada Technical Associates, Inc.**

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**REGISTRATION FORM**

Course: \_\_\_\_\_ Location \_\_\_\_\_ Given On \_\_\_\_\_

Course Attendee: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about course? (Circle one below or comment)

Internet      Brochure      Newsletter (Health Physics)      Co-Worker      Other \_\_\_\_\_

Billing Address: (If you plan to pay by check or any other method other than credit card, we must have a valid billing address of your accounts payable department in the space below. If you have a purchase order, please include it with this form)

Send Invoice to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

**Please do not email your credit card number.  
Fax your credit card number, or call. Thank you.**

Cardholder Name: \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ CVV Code \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_