



Nevada Technical Associates

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Registration Form

Course Title: _____

Location of Course: _____ Date of Course: _____

Course Attendee: _____ Phone: _____

Contact Person: _____ Phone: _____

Organization Name: _____ Fax: _____

Contact Email: _____

How did you hear about the course? (Check all that Apply)

Internet

Brochure

Newsletter

Co-Worker

Other: _____

Billing Information

Send Invoice to:

Name: _____

Organization Name: _____

Address: _____

State: _____

Postal Code: _____

Country: _____

Organization Address:

Same as Billing

Name: _____

Organization Name: _____

Address: _____

State: _____

Postal Code: _____

Country: _____

Payment Via Credit Card:

Visa

Master

Discovery

Amex

Additional Notes:

Name: _____

Card Number: _____

Please do email your credit card number please Fax your Credit Card number, or call. Thank You.

Expiration Date: _____ CVV Code: _____

Purchase Order Number: _____

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