

# NACE COURSE REGISTRATION FORM – DoD

All fields on this form must be completed – Incomplete forms will be returned.

<b>COURSE:</b> _____	<b>COURSE DATES:</b> _____
<b>LOCATION:</b> _____	<b>COURSE CODE:</b> _____
<b>Branch of Service:</b> _____	<b>MOS/AFSCO:</b> _____ (military job code/pay rate)
Supervisor Name: _____	
Supervisor Rank: _____	Supervisor Business Phone: _____
Supervisor Military E-mail Address: _____	
Supervisor Approval: (Signature) _____	

<b>Surname (Last):</b> _____	<b>Given (First):</b> _____	<b>NACE Member Number:</b> _____
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**Shipping Address – No PO Boxes Please**

Street

City State/Province Zip/Postal Code Country

<b>Business Phone:</b> _____	<b>Mobile Phone:</b> _____
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**Military E-mail Address:** \_\_\_\_\_

**Mailing Address – No PO Boxes Please (if different than above)**

Street

City State/Province Zip/Postal Code Country

## 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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Online: [www.nace.org](http://www.nace.org)

Please e-mail completed form to [DoD@nace.org](mailto:DoD@nace.org).