

Course Registration Form

Full Name _____ Title _____

Agency _____ Billing Contact (Name & Tel. No.) _____

Business Address _____ City _____ State _____ ZIP _____

Tel. No. (Include Area Code) Ext. # _____ Email Address _____

Check here if you require special assistance to participate.
 Please describe:

Methods of Registration

- Email:** Complete the registration form, include payment information, scan and email it to registrationinfo@nigp.org
- Fax:** Complete the registration form, include payment information, and fax it to 703-635-2326 Attn. Event Registration. Form of payment must accompany registration form for order to be processed.
- Mail:** Send completed registration form with payment to: **NIGP, ATTN: Course Registrar; 2411 Dulles Corner Park, Suite 350; Herndon, VA 20171.**
- Web:** Online Registration is available. Please visit the event information page and click on the "REGISTER" button. You may register online and pay with credit card or Purchase Order.

Course/Event Name	Start Date	Location	Fee	Discount	Total
Fill in discount code here, if applicable: _____				Grand Total	_____

Payment Information

NOTE: If paying by purchase order a copy of the PO must be submitted with your registration form. All payments must be made in U.S. Funds.

Enclosed is a Check/Purchase Order for \$ _____ Check/PO number: _____ Make checks payable to: **NIGP**

MasterCard
 Visa
 American Express

Card # _____

Exp. Date _____ Card Security Code _____

Signature of Cardholder: _____ City _____ State _____ Zip _____

Cardholder's name if different from registrant: (please print) _____