



Medical Specialist Training Course

27 February - 2 March 2012

REGISTRATION FORM

If Task Force is registering a Task Force member, please include their address and contact information for any class notifications.

1 Name _____ Address _____ City/State/Zip _____	Phone () _____ Cell Phone () _____ Email _____
2 Name _____ Address _____ City/State/Zip _____	Phone () _____ Cell Phone () _____ Email _____
3 Name _____ Address _____ City/State/Zip _____	Phone () _____ Cell Phone () _____ Email _____

Agency & Payment Information	
Name _____	Task Force _____
Address _____	Position _____
City/State/Zip _____	Email _____
Method of Payment _____	Fax _____
Method of Payment <input type="checkbox"/> Check <input type="checkbox"/> Purchase Order	
Billing Address _____	
City/State/Zip _____	

Fax to (702) 644-1617 or email to pbailey@ClarkCountyNV.gov