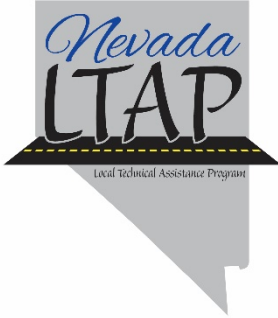




Truckee Meadows Community College

Nevada Local Technical Assistance Program

NVLTAP COURSE REGISTRATION



Submit this form via mail, fax or email to:

Nevada LTAP
TMCC Meadowood Campus
5270 Neil Rd., MDWS 302
Reno, NV 89502

Fax: 775-824-3802

Email: lschoen1@tmcc.edu

Please contact us at 775-829-9046 if you have any questions.

Agency Information			
Date (mm/dd/yyyy)	Contact Person's Name (it is assumed that the Contact Person is the student unless student name(s) is/are listed below)		
Agency		Department	
Phone Number		Email Address	
Mailing Address		City	State
Student Information			
Student's Name	Student's Email Address	Road Scholar	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Workshop Information			
Name of Workshop		Date of Workshop (mm/dd/yyyy)	Total Workshop Registration Fee
Payment Information			
Payment Type: <input type="checkbox"/> Check (make checks payable to "Board of Regents") <input type="checkbox"/> Purchase Order (PO Number, if required by your agency: _____) <input type="checkbox"/> Invoice (If payment is not provided with the initial registration, LTAP will send an invoice after the class to the participant.) <input type="checkbox"/> Credit Card (If choosing to pay via credit card, our office will contact you for card details)			