

# Webinar Registration Form

Please Print Clearly

Email to [McGilvrayC@nsula.edu](mailto:McGilvrayC@nsula.edu) or FAX to 318 677-3169

Center Name: \_\_\_\_\_ Circle One: FCC    Type III (Class A)    Type II,    Type I (Class B)

Center Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Name \_\_\_\_\_ Your Phone \_\_\_\_\_ Personal Email Address \_\_\_\_\_

Your Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

*Last 5 SS#	Your Birthdate	Job Title	Webinar Code	Webinar Dates	
12345	12/10/1960	Toddler Teacher	W-5e	Aug 6	Aug 7

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