



Name: \_\_\_\_\_ Designations: \_\_\_\_\_  
(first) (last)

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Suite Number \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Yes, I would like to sign up for NAILBA's APS Summary Course, at the cost of \$159 per NAILBA Member Agency.

**PAYMENT METHOD**

(Please check appropriate box)  VISA  MasterCard  American Express  Discover  Check (check# \_\_\_\_\_)

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Print Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Completed registration form may be faxed to: (703) 383-6942

Form may also be mailed to:

NAILBA  
P.O. Box 79968  
Baltimore, MD, 21279-0968