[](http://hiistaging.northgrum.com/nns/index.html)

**NNS Online Training Registration**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check One:  Register  Change Information (provide old and new info where appropriate)**

**Contact Name and Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Last Name** |  |
| **E-mail Address** |  | **Phone Number** |  |
| **Job Title** |  | | |

**Supplier’s Company Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name** |  | | | **Supplier Number \*** | | |  |
| **Street Address** |  | | | | | | |
| **City** |  | **State** |  | | **ZIP** |  | |

What product or service does your organization provide to NNS?

|  |
| --- |
|  |

**Are you replacing someone who no longer needs training? Yes \_\_\_ or No \_\_\_. If yes, please provide their name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

\* If you are a sub-tier to a level-one NNS Supplier and do not have a Supplier Number, please provide the name of the NNS Supplier you provide products or services to and we’ll contact you:

|  |
| --- |
|  |

E-mail completed form to [SupplierTraining@hii-nns.com](mailto:Suppliertraining@hii-nns.com)