

**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?

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**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:

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E-mail completed form to SupplierTraining@hii-nns.com