

REGISTRATION FORM

2010 NACO INSTITUTE OF EXCELLENCE

Please print clearly.

Name: _____ County: _____

Mailing Address: _____

Town: _____ Zip Code: _____

Home Phone Number: () _____ Work Phone Number: () _____

Cell Phone Number: () _____ Fax Number: () _____

e-Mail: _____ @ _____

(List the address for the e-mail account you check on a regular or daily basis.)

Name You Prefer on Institute Name Tag: _____

Name You Prefer on Certificate of Achievement: _____

Name of County Clerk: _____

County Clerk's e-Mail Address: _____

Phone Number of County Clerk's Office: () _____

Who should we contact in the event of an emergency:

Name: _____ Phone Number: () _____

The March, May, July and September face-to-face workshops will be held in both Lincoln and North Platte. Which location will you most likely travel to? (Meeting sites to be announced.)

Lincoln _____ North Platte _____

Do you have access to a computer with Internet connectivity? Yes _____ No _____

How comfortable are you using a computer, e-mail and the Internet?

Not comfortable _____ Somewhat comfortable _____ Very comfortable _____

_____ I give permission to use my name/photograph in publications, ads, news articles, videos, web sites or other electronic media pertaining to the Institute of Excellence. (Check if you agree.)

DEADLINE for registration – JANUARY 15, 2010.
NACO will bill counties for participant registration fees.

Return to:

Phyllis Schoenholz
UNL Extension Thayer Co.
225 North 4, Room 104
Hebron, NE 68370-1598
Fax: 402-768-7213

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Nebraska
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