

REGISTRATION FORM

NACO INSTITUTE OF EXCELLENCE

Please print clearly. Please use area codes with all phone numbers.

Name: _____ Office/Title: _____

Mailing Address: _____

Town: _____ Zip Code: _____ County: _____

Home Phone Number : _____ Work Phone Number: _____

Cell Phone Number: _____ Fax Number: _____

Email: _____

(List the address for the email 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 Email Address: _____

Phone Number of County Clerk's Office: _____

Who should we contact in the event of an emergency:

Name: _____ Phone Number: _____

Do you have dietary restrictions or other special needs? _____

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.)

North Platte (1st Thursday) _____ Lincoln (2nd Thursday) _____

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

How comfortable are you using a computer, social media, email and the Internet?

Not comfortable _____ Somewhat comfortable _____ Very comfortable _____

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

DEADLINE for registration – February 13, 2015

NACO will bill counties for the registration fees.

Send to: **Carroll Welte**
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Phone: (402) 374-2929
Email: cwelte1@unl.edu

UNIVERSITY OF
Nebraska | **EXTENSION**
Lincoln