NHADA | FOUNDATION Continuing Education Registration Form

Rev Up Your Career in Automotive Accounting: Leave Overhead in the Rear View Mirror (Basic)

ZOOM WEBINAR

Thursday March 25, 2021

10:00 a.m. to 11:00 a.m.

Company_____ Fee

Registrant 1 _____ Email_____ $49

Registrant 2 _____ Email_____ $49

Registrant 3 _____ Email_____ $49

Registrant 4 _____ Email_____ $49

Total $_____

____ Please send invoice.

____ Payment by check (payable to NHAEF)

____ Payment by credit card

Check one: ____ VISA ____MasterCard

Card No. ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Expiration Date: Month ____ ____ Year ____ ____ CCV/CVV Code _____

Cardholder's Name _____

Cardholder's Billing Address _____

_____

Cardholder's Signature _____

Please return form to: NHAEF, 507 South Street, Bow, NH 03304,
or email to foundation@nhada.com (No CC information on email, please.)
If you have any questions, contact Kaleena Guzman at kguzman@nhada.com or 800-852-3372.