

**NNS Online Training Registration**

**[ ]  Register** **[ ]  Change information (provide old and new info where appropriate)**

**Contact Name and Information**

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| --- | --- | --- | --- |
| **First Name**  |       | **Last Name** |       |
| **E-mail address** |       | **Phone number** |       |
| **Job Title** |       |

**Supplier’s Company Information**

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

Is your organization based/incorporated outside of the United States?

What product or service does your organization provide to NNS?

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 \* 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