NRCME/FMCSA DOT Medical Examiner Course Registration Form

Friday, October 9, 2015 North Mississippi Medical Center 830 South Gloster Street, Tupelo, MS, Room: TBA Tupelo MS 38804 8:00 am – 5:30 pm



First Name middle name last name				Credentials					
Employer Na	me								
Street addres	S			С	City		State	Zip Code	
Telephone number			Email address						
Check one:	O Yes! I am a	member of MNA							
No, I am not a member				Please send me information on MNA membership.					
To registo 9.0 Conta		nmercial Drive	er Medi	cal Examiner	^r course	:			
MNA Members: \$395.00 Non-Members: \$495.00									
Payment: Check enclosed (please make payable to MNA)									
Visa	a 🛛 Mast	tercard	Americ	an Express	0	Discover			
Card Number	:			Exp. Date:		_CVV Code:	Zip Co	de:	
Card Holder I	Name (Print)								
Card Holder	Signature:								

Mail, fax or email to: Mississippi Nurses' Association, 31 Woodgreen Place, Madison MS 39110 Fax 601-898-0190 • <u>dwalker@msnurses.org</u>

MNA reserves the right to cancel or modify all courses and to substitute FMCSA Trainer at any time.