## **NRCME/FMCSA DOT Medical Examiner Course Registration Form**

Saturday, September 21, 2013 Itawamba Community College, Tupelo, MS 8:00am – 5:30 pm



First Name	middle	name	last name		Credenti	ials	
Employer Na	me						
Street addres	S				City	State	Zip Code
Telephone number					Email address		
Check one:	Yes	! I am a r	member of MNA				
No, I am not a member		۵	Please send me information on M	INA membership.			

To register for the Commercial Driver Medical Examiner course:

MNA Members: \$395.00 Non-Members: \$495.00									
Payment: Check enclosed (please make payable to MNA)									
Visa	Mastercard	American Express	Discover						
Card Number:		Exp. Date: _	Zip Code:						
Card Holder 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.