NRCME/FMCSA DOT Medical Examiner Course Registration Form Saturday, February 15th, Laurel South Central Place

2260 Highway 15 N, Laurel, MS 39440 8:00am - 5:30 pm



First Name middle name last name				Credentials				
Employer Name								
Street address				City	/	State	Zip Code	
Telephone number			Email address					
Check one:	Yes! I am a i	member of MNA						
☐ No, I am not a member			Please send me information on MNA 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	a 🔲 Mast	ercard	American E	Express	Discove	er		
Card Number: Exp. Date: Zip Code:								
Card Holder N	Name (Print)							
Card Holder Signature:								
Mail, fax or email to: Mississippi Nurses' Association, 31 Woodgreen Place, Madison MS 39110 Fax 601-898-0190 • dwalker@msnurses.org								

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

^{*}NRCME - National Registry of Certified Medical Examiners

^{**}FMCSA - Federal Motor Carrier Safety Administration