NRCME/FMCSA DOT Medical Examiner Course Registration Form

Thursday, September 24, 2015 • 8:30 am – 5:00 pm

Location: Mississippi Center for Nursing · 31 Woodgreen Place · Ridgeland, MS

(*Registrations must be received by Monday, September 21, 2015)*

First Name *Middle Name* *Last Name* *Credentials* *Name on Badge*

Street Address *City* *State* *Zip Code*

Telephone Number *Email Address*

Employer Name

Check one: ☐ **Yes! I am a member of MNA** **Membership ID#:**_____ **Expiration Date:** _____

☐ **No, I am not a member**

To Register for the Medical Examiner Course:
9.0 Contact Hours

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: _____

CVV Code_____

Card Holder Name **(Print)** _____

Card Holder Signature: _____

Mail, fax or email to: Mississippi Nurses' Association, 31 Woodgreen Place, Madison, MS 39110
Phone 601-898-0670 • Fax 601-898-0190 • dwalker@msnurses.org

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

Mississippi Nurses' Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.