NRCME/FMCSA DOT Medical Examiner Course Registration Form

Saturday, December 8, 2018 • 8:30 am – 5:30 pm

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

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 modify all courses and/or to substitute instructors at any time without liability. MNA further reserves the right to cancel any activity at any point leading up to and during conference date at which time a full refund of paid registration fee will be given. By registering for this event, you are giving consent for your email address to be shared with exhibitors and sponsors; and for the use of your name, portrait, picture or photograph as part of the Mississippi Nurses' Association events, activities, social media, and publications. **Cancellation & Refund Policy:** Refunds shall be granted accordingly as follows: (a) requests must be in writing; (b) a $30 processing fee will be applied to all refunds; (c) no refunds will be granted after December 5th.

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