



NRCME/FMCSA DOT Medical Examiner Course Registration Form



Saturday, June 29, 2019 • 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 June 26th.

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