

Send as an email attachment to Tracy.Hodge@psncuc.nc.gov

Call 919-733-7766 if you have any questions

SPACE RESERVATION FORM FOR MRT TRAINING SEMINAR

1. Name of person making the reservation: _____
2. Name of the carrier: _____
3. City from which attendees are coming: _____
4. Number of people attending: _____
5. Names of people attending (if known). Please write clearly to ensure accurate name tags, using the names by which they are usually called (i.e., "Bob" for "Robert") and their last names.

6. Date and City of the seminar to be attended: _____
(Please fill out a separate sheet for each seminar.)
7. Contact telephone number(s), including a cell number to use the day of the seminar:

8. An e-mail address, if available: _____
9. **I understand that each attendee must have a current, complete copy of the MRT along with pencils, calculator, pens and note paper!!!**

ANYTHING ELSE WE NEED TO KNOW? _____

