

**Send as an email attachment to [Tracy.Hodge@psncuc.nc.gov](mailto: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. Date and City of the seminar to be attended: \_\_\_\_\_
4. Number of people attending: \_\_\_\_\_
5. City from which attendees are coming: \_\_\_\_\_
6. 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.

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(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. Contact e-mail address: \_\_\_\_\_
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? \_\_\_\_\_

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