

MRT TRAINING SEMINAR RESERVATION FORM

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

Call 919-733-7766 if you have any questions

1. Carrier Name: _____
2. Name of person making the reservation: _____
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. 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.

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, and note paper!!!**

ANYTHING ELSE WE NEED TO KNOW? _____

