



## 2-Day NEMT Business Workshop Registration Form

Title:	First name:	Last Name:
Business Name or Group:		Occupation:
Dietary Requirements:		Special Accommodations:

Address:		Home Phone:	
City:		Mobile Phone:	
State:	Zip Code:	Fax:	E-Mail Address:

Workshop/Training Dates	Select Date	Workshop/Training Dates	Select Date
<b>January 25<sup>th</sup>-26<sup>th</sup></b>		<b>July 23<sup>rd</sup>-24<sup>th</sup></b>	
<b>February 23<sup>rd</sup>- 24<sup>th</sup></b>		<b>August 20<sup>th</sup>-21<sup>st</sup></b>	
<b>March 21<sup>st</sup>-22<sup>nd</sup></b>		<b>September 19<sup>th</sup>-20<sup>th</sup></b>	
<b>April 23<sup>rd</sup>- 24<sup>th</sup></b>		<b>October 22<sup>nd</sup>-23<sup>rd</sup></b>	
<b>May 21<sup>st</sup>-22<sup>nd</sup></b>		<b>November 21<sup>st</sup>-22<sup>nd</sup></b>	
<b>June 19<sup>th</sup>-20<sup>th</sup></b>			
Note: NEMT Workshop Methods: M – Module / W – Workbook/ P-Presentation			

Signed: Date:	<b>Training admin use</b> Received:
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**The cost of NEMT workshop is \$980 excluding room and board** (A cancellation charge will be levied if you do not attend and do not advise the Course Director a minimum of two days before the workshop).

Applications must be received at least a week before the course date.

**Please complete the form and email or fax to:**

PMCS, P.O.BOX 337, Burlington, NJ 08016

**Email:** training@medicalstaffingmanuals.com

**Fax:** 877-743-8392

**Payment Method:**

\_\_\_\_\_ Check or Money Order Enclosed (Payable to Precision Management and Consulting Services)

**To arrange for other forms of payment or for any additional information regarding this workshop, please contact us at: training@medicalstaffingmanuals.com**

*Devin Asante, Training Coordinator, 1-877-743-8126, Ext 1*