

# CDL-Medical Examiner Training Group Registration

Please complete form (except shaded areas) and send via Email:

or Fax:

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

<b>Group size</b>	<b>% Discount</b>
5-14	10
15-24	15
25-50	20
Over 50	25

<b>Full Name</b>	<b>Degree</b>	<b>State Med. Assn Member? Yes or No</b>	<b>CME Credit Yes or No</b>	<b>Email Address</b>	<b>User Name</b>	<b>Password</b>

**Payment Info:**

I would like to pay with a credit card, please call me for the number

I would like you to invoice my organization

**Cancellation Policy:** In the event you cancel, we will retain, or charge, \$50 of the initial fee per registrant, to cover administrative overhead. There will be no refunds after program has been started. Please contact [suggestions@eewebinarnetwork.com](mailto:suggestions@eewebinarnetwork.com) if you need assistance, or call 406-442-2585.