CDL-Medical Examiner Training Group Registration

Please complete form (except shaded areas) and send via Email: WSMA@eewebinarnetwork.com or Fax: 406.442.2357

Contact Name: _____

Contact Address: _____City:_____State:____Zip:_____

Organization Name: _____

Organization Address: _____ City:_____State:____Zip:_____

Contact Phone: _____

Contact Email: _____ Contact Fax: _____

Group size	% Discount
5-14	10
15-24	15
25-50	20
Over 50	25

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

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

Submit Form by Email

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 if you need assistance, or call 406-442-2585.