

REGISTRATION FORM
NCIC REHABILITATION PROFESSIONAL MANDATORY TRAINING
2 HOUR REFRESHER COURSE

Please check below the class you wish to attend. Class size is limited to 50.

_____ Thursday 2/18/16 9:30 AM to 11:30 AM (Deadline for receipt of registration fee 2/12/16)
One Renaissance Center, First Floor Conference Room
3301 Benson Drive
Raleigh, NC 27609

_____ Thursday 3/3/16 9:30 AM to 11:30 AM (Deadline for receipt of registration fee 2/25/16)
One Renaissance Center, First Floor Conference Room
3301 Benson Drive
Raleigh, NC 27609

Cost: \$40 for 2 hours of continuing education credit towards CCM, CRC, CDMS certifications

Make \$40 check payable to **NC Industrial Commission Tax ID# 56-1611847**

Mail completed form and check to:
NC Industrial Commission
ATTN: Medical Rehab Nurses Section
4341 Mail Service Center
Raleigh, NC 27699-4341
Phone 919-807-2616

PLEASE PRINT LEGIBLY

NAME: _____

HOME MAILING

ADDRESS: _____

_____ **ZIP** _____

EMAIL (REQUIRED): _____

EMPLOYER: _____

PHONE: _____

SUPERVISOR: _____

PHONE/EMAIL: _____ / _____