

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.

_____ Tuesday 4/19/16 11:00 AM to 1:00 PM (Deadline for receipt of registration fee 4/12/16)
4601 Park Road
Charlotte, NC 28209

_____ Tuesday 5/10/16 11:00 AM to 1:00 PM (Deadline for receipt of registration fee 5/3/16)
4601 Park Road
Charlotte, NC 28209

_____ Thursday 5/12/16 10:30 AM to 12:30 PM (Deadline for receipt of registration fee 5/5/16)
Pitt Community College
2000 Eddie Smith St.
G. Henry Leslie Building
Winterville, NC 28590

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: _____ / _____