

Your Information

First Name	Last Name	
Job Title	Facility	
Phone	Email	
Address		
City	State	Zip

Payment Options and Information

☐ Pay by Check (*please make check payable to ruralMED*)

☐ Invoice me

☐ Pay by Credit Card: ☐ Visa ☐ MasterCard ☐ Discover

Name on Card: _____

Credit Card#: _____

CVV #: _____ Expiration Date: _____

Signature _____ Date _____

Submit Your Enrollment:

Submit your enrollment form and payment:

Mailing address: ruralMED Management Resources
 PO Box 470
 Holdrege, NE 68949

Email: NACKles@ruralmed.net

The enrollment deadline is **July 31st, 2024**. There are limited spots, so please make sure to enroll early to secure your spot!