

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: *Please provide billing information below if different than the above*

Email: _____ Phone: _____

Address: _____

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 **August 1st, 2025**. There are limited spots, so please make sure to enroll early to secure your spot!