

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 Registration

Submit your registration and payment by:

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

Email: RMussman@ruralmed.net

The registration deadline is **January 31st, 2024**. There are limited spots, so please make sure to register early to secure your seat!