

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

