



MISSISSIPPI MUNICIPAL SERVICE COMPANY
MISSISSIPPI MUNICIPAL WORKERS' COMPENSATION GROUP
MISSISSIPPI MUNICIPAL LIABILITY PLAN

WORKSHOP REGISTRATION FORM

Basic Understanding Workshop

March 24, 2011

Please Print

| | |
|--|---|
| CITY/ORGANIZATION NAME: | |
| ATTENDEE NAME: | |
| TITLE: | |
| DEPARTMENT: | |
| MAILING ADDRESS: | |
| WORK PHONE: | |
| CELL PHONE: | |
| FAX: | |
| EMAIL: | |
| CERTIFIED MUNICIPAL OFFICER CREDITS (CMO's) | <input type="checkbox"/> YES – Requesting 2 CMO's (MAYORS & BOARD MEMBERS ONLY) |
| | |

* Directions And Photos To The Meeting Location Will Be Sent Upon Registration. Additional Registration Forms On Website

Email, Fax, or Mail Registration Form To:

Alan L. Bowen, Risk Control Specialist (abowen@msmsc.com)