

Registration Form

Name: _____

Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

License Number: _____

_____ \$150 Member Registration Fee
_____ \$200 Non-Member Registration Fee



Instructions to access webinar for virtual learning will be distributed prior to January 18, 2024.

6 Hours Continuing Education

Continuing education applied for:

Agents • Adjusters

PC and Health • MSCLE • CCM

PT • CRC

Please copy form for multiple registrations!

Sponsorships available!

Sponsorships are available for \$200 and include a one-minute “commercial” as well as your company logo prominently displayed throughout the webinar on January 18, 2024!

Contact Wendy Powell to reserve your sponsorship spot! Only six sponsorships available.
wendyp@masiweb.org / (601) 749-6274

Payment Information

Enclosed is my check made payable to Mississippi Association of Self Insurers in the amount of \$_____.

Mail to:

Mississippi Association of Self Insurers
825 North President Street
Jackson, Mississippi 39202

For more information or to register online, see the MASI website at
www.masiweb.org/events.