

BASIC PRINCIPLES – 2019 REGISTRATION FORM

When registering there MUST BE one form per employee.

DEADLINE TO REGISTER IS: March 1, 2019.

Registrant Name: _____ "Driver/Installer number" _____

Company: _____ Contact Person: _____

Email (Contact's Email to send Confirmation): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Time: 9:00am- 4:30pm Both Days

Mark Box for Location that Registrant(s) will be attending.

- ☐ Tuesday and Wednesday, April 23rd and April 24th
Double Tree by Hilton
10 Gate Way Dr.
Hattiesburg, MS, 39402
- ☐ Wednesday and Thursday, May 29th and May 30th
Bass Pro Jackson
100 Bass Pro Drive
Pearl, MS 39208
- ☐ Tuesday and Wednesday, August 13th and August 14th
Hampton Inn & Suites
1545 Jameson Dr.
Grenada, MS 38901
- ☐ Tuesday and Wednesday, September 17th and September 18th
Hilton Garden Inn
363 E. Main Street
Tupelo, MS 38804

MAIL REGISTRATION FORM TO:

MISSISSIPPI INSURANCE DEPARTMENT
LC GAS DIVISION
P.O. Box 79
Jackson, MS 39205

OR

Phone: (601)359-1064
Fax: (601)359-1076
Email: lcgas@mid.ms.gov

CETP Refresher Course – 2019 REGISTRATION FORM

*When registering there **MUST BE** one form per employee.*

DEADLINE TO REGISTER IS: March 1, 2019.

Registrant Name: _____ "Driver/Installer number _____ a _____ "

Company: _____ Contact Person: _____

Email (Contact's Email to send Confirmation): _____

Address: _____

City: _____ State: _____ Zip: " _____ "

Phone: (_____) _____ - _____ Fax: (_____) _____ " - "aaaaaaaaaaaaaaaaaaaaa

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Class Dates and Time to be announced:

Mark Box for Location that Registrant(s) will be attending.

- ☐ Hattiesburg, MS
Double Tree by Hilton
10 Gate Way Dr.
- ☐ Grenada, MS
Hampton Inn & Suites
1545 Jameson Dr.
- ☐ Jackson, MS
Bass Pro Pearl
100 Bass Pro Dr.
- ☐ Tupelo, MS
Hilton Garden Inn
363 E. Main St.

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Customer Service Training (CSR) - 2019 REGISTRATION FORM

When registering there MUST BE one form per employee.

DEADLINE TO REGISTER IS: March 1, 2019.

Registrant Name: _____ "Installer/Driver number" _____

Company: _____ Contact Person: _____

Email (Contact's Email to send Confirmation): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Time: 9:00am- 3:30pm One Day

Mark Box for Location that Registrant(s) will be attending.

☐ Thursday, April 25th
Double Tree by Hilton
10 Gateway Dr.
Hattiesburg, MS 39402

☐ Friday, May 31st
Bass Pro Jackson
100 Bass Pro Drive
Pearl, MS 39208

☐ Thursday, August 15th
Hampton Inn & Suites
1545 Jameson Dr.
Grenada, MS 38901

☐ Thursday, September 19th
Hilton Garden Inn
363 E. Main Street
Tupelo, MS 38804

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