

2013 Registration Form

Name:		Job Title:
Agency:		
Division:		
Address: (City, Zip)		
Phone:		
E-mail:		

Check the **Basics of Records Management Workshop** you will attend

Jun. 11: 8:30 a.m.

Seating is limited

Fax Completed Form to 601-576-6899 :	ATTN: Mr. Sumner Holmes	OR	E-mail to:	sholmes@mdah.state.ms.us
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