

# Professional Dispatch Management

## Professional Dispatch Management Registration Form

Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
State: \_\_\_\_\_  
Course Title: \_\_\_\_\_  
Invoice #: \_\_\_\_\_  
Course Dates: \_\_\_\_\_  
Name of Person to Send Invoice To: \_\_\_\_\_  
Purchase Order #: \_\_\_\_\_

**Make checks payable to:**  
**Professional Dispatch Management**  
**P.O. Box 21171**  
**Jackson, MS 39289**

