

# Freight Classification Webinar

Webinar Series - Four Modules



	All Four Modules Discounted Price	Modules 1 - 4 Individual Pricing	You Save!
	\$275.00	Module 1 = \$60.00 Module 2 = \$85.00 Module 3 = \$85.00 Module 4 = \$85.00 <hr/> \$315.00	12.70%
NMFC Participants	\$225.00	Module 1 = \$45.00 Module 2 = \$75.00 Module 3 = \$75.00 Module 4 = \$75.00 <hr/> \$270.00	16.67%

## SPECIAL OFFER

Sign up for all four modules and you will also receive a 20% discount off your purchase of the NMFC Book and/or one single ClassIT® license!

Once you sign up for all four modules, you will receive a receipt via email with the promotional discount code for your NMFC Book and/or one single ClassIT license. You can make your purchase at <https://store.nmfta.org>. Note the discount code can only be used once and is limited to one per registration. Offer expires May 31, 2012.

Fill out the Registration Form below to register for our webinar series. Contact [customerservice@nmfta.org](mailto:customerservice@nmfta.org) with any questions. Registration is required to attend this event. Each person attending the webinar must complete a separate registration form. One registration form per each attendee is required. **NO EXCEPTIONS.**

E-mail \_\_\_\_\_ Telephone# \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Street Address Line 1 \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Please indicate the series and module(s) you are signing up for:

All Four Modules   
  Series 2   
  Series 3   
  Series 4   
  Series 5  
 Module 1   
  Module 2   
  Module 3   
  Module 4

### PAYMENT OPTIONS

Amount Remitted: \$ \_\_\_\_\_

FAX Completed Registration Form to:  
703.683.1094, 703.683.6296 or 703.683.6046

Make checks payable to NMFTA and mail to:  
NMFTA, Inc.  
1001 North Fairfax St., Suite 600  
Alexandria, VA 22314-1798

Note on your check - NMFC Webinar Series

Charge: (Circle One)



CARDNUMBER

EXPIRATION DATE

MONTH YEAR

CARDHOLDER NAME

LAST NAME

BILLING ADDRESS

CITY

STATE

POSTAL / ZIP CODE

COUNTRY

AUTHORIZED SIGNATURE

TELEPHONE

FAX

EMAIL ADDRESS