

ELECTED OFFICIALS REGISTRATION FORM

Course Date/Location: _____

Name(s): _____

Title: _____

Community: _____

Contact (in case of cancellation) _____

Phone Number: _____ E-Mail: _____

Forward the completed form *one* of three ways:

- 1) **Email:** jainet@permainc.com
- 2) **Fax:** 201-881-7633
- 3) **Mail:** MEL JIF c/o PERMA Risk Management Services, 9 Campus Drive – Suite 216 - Parsippany, NJ 07054