ALABERT	2019 Ea	••••••	EMS OF ALABAMA reer \$eminar nline: www.rsa-al.gov
Applicant's Name:			
Last		First	Middle Initial
Mailing Address:	(Mailing Ad	ldress)	
Date of Birth:			
	(City)	(State)	(ZIP)
PID Number:	(and/or) Social Se	curity Number:	
Sex: 🗆 Male 🛛 Female E-	mail Address:		
Will your spouse or a guest be	attending? 🗆 Yes	🗆 No	
Spouse/Guest Name:			
Phone: Work: ()			()
Where are you employed?			
Number of Years in the Retirer	nent Systems of Alab	ama:	
Seminar Choice:			
(Date)	(	Location)	
Signature of Applicant:			
To be eligible to attend the <b>Ear</b> Systems of Alabama	-	<b>iinar</b> , a member must be c <u>ot</u> within 5 years of retirer	-
	Mail Registra	tion Form to:	

## No registration forms will be accepted by fax or e-mail.

These are half-day seminars from 1:00 p.m. - 4:00 p.m. Registration begins at 12:45 p.m.

## A confirmation letter and directions to seminar location will be mailed to registrants.

Questions: Please call (877) 517-0020 or (334) 517-7000 and ask for the Field Services Division.