

NATMI REGISTRATION FORM

Certified Director of Safety | Certified Safety Supervisor Workshop

Month Day-Day, Year

Registration & Payment Deadline: Friday, August 14, 2026

INSTRUCTIONS – Please read carefully

Each person from your company who plans to attend the workshop should complete this registration form.

1. Fill out this form and **EMAIL** to Kristine Masterson at kmasterson@smscsafety.com.
2. Then **MAIL** a printed copy of the form along with a check for \$1250 payable to:
 - Safety Management Services Company, PO Box 28, Dubuque, IA 52004-0028.
 - *No Credit Cards Please – ACH Available Upon Request.*
3. Go to www.natmi.org and create an account. When payment is confirmed, you will be able to access electronic versions of the handbooks, and you will take the exam through this account.

Your pre-reading materials will be ordered and sent to you once your payment is received and we have a minimum of eight paid participants.

Full Name _____

I have _____ years of motor fleet safety experience.

Nametag (First name or nickname) _____

Title _____

Company _____

Address (No PO Boxes Please) _____

City _____ State _____ Zip _____

Phone _____ Ext _____

Email _____