

Mississippi Rural Water Association
5400 N Midway Road, Raymond, MS 39154-8202
Phone: 1.800.343.2520 - Fax: 601.857.2434 - Email: msrwa@msrwa.org



Rural Water Emergency Assistance Cooperative Training

May 16, 2018
Corinth Water Treatment Plant
2710 HWY 72 W
Corinth/Glen, MS 38834

May 17, 2018
Fulton City Hall
213 West Wiygul Street
Fulton, MS 38843

- 7:30 - 8:00 AM *Registration & Welcome*
- 8:00 - 9:00 *Rural Water Emergency Assistance Cooperative*
Kirby Mayfield, MsRWA
- 9:00 - 10:00 *NIMS Overview*
Randy Turnage, MsRWA
- 10:00 - 11:00 *Safety In Disaster Areas*
Ricky Gibens, Alcorn County EMA/Patrick Homan, Fulton Fire Dept.
- 11:00 - 12:00 *Reimbursement for Disasters*
Clayton French, MEMA
- 12:00 - 1:00 **LUNCH ON YOUR OWN**
- 1:00 - 1:30 *Communication During Emergencies*
Randy Turnage, MsRWA
- 1:30 - 2:00 *Emergency Preparedness*
Randy Turnage, MsRWA
- 2:00 - 3:00 *ER-ITN (Emergency Responder- ID Trust Network) Credentialing Program*
Kirby Mayfield

Registration Fee:
\$75.00 per person.
Includes ID.

Be sure to fill out
Credentialing ID Form and
mail or email with photo.

Registration Form- RWEAC Training - Please fill out and return with your registration fee to:
MsRWA, 5400 N Midway Road, Raymond, MS 39154

Check One: _____ **May 16 - Corinth** _____ **May 17 - Fulton**
Photocopy for each Registrant - Please Print or Type

Name: _____ Position: _____
System/Company: _____ PWS ID#: _____
Address: _____ City/St/Zip: _____
Phone: _____ Fax: _____ E-mail Address: _____

Please register at least a week prior to training, so the refreshments can be ordered.
This training has been approved for 3 reg and 3 non-reg CEUs for water.

MsRWA's Rural Water Emergency Assistance Cooperative

Sample Card

Credentiaing ID

Please email a picture to madcock@msrwa.org

MsRWA's Rural Water Emergency Assistance Cooperative	
 Your Picture Here	
MsRWA 0000 Issue Date: 01-01-2001 Expires: 01-01-2003	
Last Name, First Name Middle Name Tier 1	
Job Title	
System Name	
System Address	
City	St Zip
System Phone: 000-000-0000	
Your Cell: 000-000-0000	

PLEASE PRINT CLEARLY

Expiration Date on ID ____ / ____ / ____

Your Name _____

Your Position _____

Your Email _____

Name as it Appears on DL: _____

DOB: ____ / ____ / ____ DL # _____ State Issued: _____

Your Cell # _____

System Name _____

System Address _____

City _____ State _____ Zip _____

System Phone # _____

5400 North Midway Road - Raymond, MS 39154
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