

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

**August 16, 2017**  
**MsRWA, 5400 N Midway Road, Raymond, MS 39154**  
**PH: 601.857.2433**

- 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*  
*Jimmy Dale Thomas, Retired MHP*
- 11:00 - 12:00     *Reimbursement for Disasters*  
*Clayton French, MEMA*
- 12:00 - 1:00      *LUNCH Provided*
- 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*  
*Tony Byrne & Jimmy Byrne, ER-ITN*

Registration Fee:  
\$75.00 per person.  
Includes Lunch & 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**

**August 16, 2017—Raymond**

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

## == Credentialing ID Form ==

SAMPLE CARD

<b>MsRWA's Rural Water Emergency Assistance Cooperative</b>	
<b>Your Picture Here</b>	 <b>Your Name</b> <b>System Name</b> <b>Your Position</b> <b>Badge # 0000</b>
<b>Address - City, State, Zip</b> System Phone: 000-000-0000    Your Cell: 000-000-0000	

**Please attach a good quality head shot picture to this form or email picture to [madcock@msrwa.org](mailto:madcock@msrwa.org)**

**PLEASE PRINT CLEARLY**

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 # \_\_\_\_\_

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