



**CodingTrainer.com**

**CPC CPC-H – SATURDAY Morning Classes**

Class Registration Form

PERSONAL DATA

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Cell Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Email address 1: \_\_\_\_\_

Email address 2: \_\_\_\_\_

EXPERIENCE

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Years Experience: \_\_\_\_\_

Med. Terminology Training: Y\_\_\_ N\_\_\_

***CLASS Date***

**SATURDAY Morning Classes**

**Begin July 16, 2016**

***For your Credit Card non-refundable deposit of \$3,250.00: call us at 443-452-8210.***

***Mail this form and your discounted cash/check non-refundable deposit of \$2,995.00 to:***

***CodingTrainer.com***

***"Your Coding Resource"***

**P O Box 493  
Riderwood, Maryland 21139-0493  
www.codingtrainer.com  
443-452-8210**