

TRAINING COURSE ENROLLMENT FORM

TRAINING COURSE DATE: _____

TRAINING COURSE DATE: _____

TRAINING COURSE DATE: _____

ATTENDEE 1: _____

ATTENDEE 2: _____

EMAIL: _____

FACILITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

MANAGER'S NAME: _____

PHONE: _____ E-MAIL: _____

PAYMENT OPTION 1 (Credit Card)

VISA MASTERCARD AMEX CARD NO: _____

EXP DATE: _____

TOTAL ENROLLMENT FEE: \$ _____

SIGNATURE _____

BILLING ADDRESS (IF DIFFERENT THAN ABOVE) _____

CITY: _____ STATE: _____ ZIP: _____

PAYMENT OPTION 2 (Pay by Check)

PO#: (optional) _____

Remit Payment To: **Global Medical Imaging, LLC**
222 Rampart Street
Charlotte, NC 28203

*Enrollment fees are non-refundable if cancellation is received 1 week (5 business days) or less before course date.

*All payment are due in full 30 days prior to course to guarantee availability

*Please Note: Travel arrangements and accommodations are not provided in cost.

