

REGISTRATION FORM

CPCSI Seminar/Class Name: _____

Student Name: _____

Address: _____

Company: _____

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E-mail: _____

Phone: _____ **Fax:** _____

Years in Coding? _____ **Specialty?** _____

The appropriate fee or deposit must accompany this form to hold your seat in the class.

PAYMENT OPTIONS

Check enclosed payable to CPC Solutions, Inc.

Charge my: VISA MASTERCARD DISCOVER

Card#: _____

Name as it appears on card: _____

Expiration date: _____ Amount

\$ _____

Signature: _____

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