



MEDTEL SERVICES

Training Registration Form

7519 Pennsylvania Ave
Sarasota, Florida 34243
941-753-5000

Company Name: _____

Mailing Address _____

Billing Address (if different) _____

**Name of your MedTel Services
Distributor:** _____

Student Information:

Name _____ Title _____ Fax _____

Phone _____ Email _____

Student's Immediate Supervisor:

Name _____ Title _____

Phone _____ Email _____

Student evaluations and certificates are mailed to student's supervisor following completion of the training program. Certificates are provided only for students who successfully complete the minimum course requirements.

Enroll this student in the following class(es):

Course ID	Course Name	Start Date	Location	Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Due				_____

Method of Payment (choose one):

 Purchase Order

 PO Number

 PO Amount

 Company Check

 Check Number

 Check Amount

 Wire Transfer

 Amount

 Total

 Credit Card (Mastercard or VISA)

 Card number _____ Expire date _____
 Cardholder name (print) _____ Cardholder signature _____
 Card Billing Address (including zip): _____

ALL PAYMENTS MUST BE MADE IN U.S. DOLLARS. Attendance is scheduled upon receipt of a completed student registration form accompanied by a Purchase Order or payment in full. Make checks payable to MedTel Services, LLC.

See payment guidelines for wire transfer payment instructions.

Please complete one registration form for each student: Email to training@medtelservices.com, or fax registration and payment information to 941-751-7786. For questions about training, call 941-753-5000 ext. 8410. *You are NOT registered until you receive a confirmation number.*

Cancellations: MedTel Services reserves the right to cancel any class up to two weeks prior to class start date.

Approving Manager

Signature Name (please print) Title Date