



Registration Form

Return completed Registration Form along with your payment to:

Email: register@infusionknowledge.com • **Fax:** 727-442-6874

Mail: P.O. Box 8649, Clearwater, FL 33758

Full Name (*to appear on course certificate*): _____

Professional Designation (*i.e. RN, LPN, CMA, etc.*): _____ License # _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Employer: _____ Department: _____

How did you hear about this class? Online Search Friend Employer

Ad in JAVA Ad in INS Newsline Ad in other Publication: _____

Flyer / Brochure Other: _____

Method of Payment (made payable to Infusion Knowledge, Inc.):

Check or Money Order Visa MasterCard Discover AmEx

Name (*as it appears on credit card*): _____

Address of Card Holder (*if different than above*): _____

Card # _____ Exp.: _____ Security Code: _____

Authorized Signature (*initial if sending electronically*): _____

What class are you registering for?

I.V. Therapy Education – July 12, 13, 14 & 15, 2010 - \$169

15% Discount if Registered by May 10, 2010

Cancellation Policy

Infusion Knowledge, Inc. must receive all cancellations in writing no later than 7 days prior to the class date. Refunds are generally not issued after that date unless mitigating circumstances apply.

We reserve the right to cancel any class if sufficient registrations are not received 2 weeks prior to any class date.

Please call Infusion Knowledge, Inc. at 1-800-337-1545 with questions.