

# TRAINING COURSE ENROLLMENT FORM

TRAINING COURSE DATE: \_\_\_\_\_

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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 3 weeks (15 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.

