



Advanced Injection Training Registration Form

Denver, CO

Training Date: _____

Practice Name: _____

Owner Name: _____

Owner Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Provider attending seminar

Name and Title: _____

Email: _____

Training Investment options: All hands on courses!

2 DAY Injection Course: \$2,499.00 (13.5 CE NPs)

Access to Injection University 12 months \$995

1 DAY REVIEW course: \$1,899 *Must previously attended 2 day course* (7 CE NPs)

Private 2 Day training in Denver: Email Karen for price/dates

10% reprocessing fee will be charged for request for refund

_____ AMI Client (Yes or No) If not, referred by _____

Payment Method: ___ Master Card ___ Visa ___ Discover ___ AMX

Credit Card #: _____

Expiration Date: _____ CVV code: _____

Print name as it appears on the card: _____

Signature: _____ Date _____

Fill out registration form and email to Karen Rea at

Injection.University@gmail.com

www.downtownshhealthcare.com/provider-injection-training

303-292-9992