

PHLEBOTOMY EDUCATIONAL WORKSHOP - REGISTRATION FORM

(Please print clearly)

I am currently licensed **yes** **no**

If yes, License # _____

EMT **LVN** **RN** **PA** **NP** **MD** **CLS** **Other** _____

STUDENT NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: () _____ - _____ CELL: () _____ - _____

E-MAIL ADDRESS _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____ SOCIAL SECURITY #: _____ - _____ - _____

HIGH SCHOOL: _____ CITY: _____ STATE: _____

GRADUATION: MONTH: _____ YEAR: _____ **Copy of H.S. diploma or GED**

(OR) GED COMPLETION DATE: _____ SESSION REQUESTED: _____

REGISTRATION CONFIRMATION VIA EMAIL YES NO

EDUCATIONAL HISTORY:

FIELD OF STUDY: _____

SCHOOL ATTENDED: _____

CITY: _____ STATE: _____ PHONE: () _____ - _____

DATES ATTENDED: FROM: _____ TO: _____

WORK HISTORY

INSTITUTION: _____

ADDRESS: _____ CITY: _____ STATE: _____

DATES OF EMPLOYMENT: _____

POSITION(S) HELD: _____

SPECIFIC DUTIES: _____

Online Payment or:

PLEASE RETURN COMPLETED FORM WITH DEPOSIT*. PAYMENTS ACCEPTED IN THE FORM OF CHECK, MONEY ORDER, CASHIERS CHECK OR CREDIT CARD**. BALANCE DUE AT REGISTRATION ON LAST DAY OF CLASS

***MINIMUM DEPOSIT FOR PHLEBOTOMY STUDENTS, DUE WITH REGISTRATION FORM \$340.00 (THIS IS 1/2 OF THE BASIC TUITION, MATERIALS PROVIDED WITH NO REGISTRATION FEE JUST CLASS DEPOSIT OR FULL PAYMENT REQUIRED. ALL PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE.**

IF PAYING BY CHECK PLEASE WRITE DRIVERS LICENSE NUMBER OF CHECKING ACCOUNT HOLDER ON CHECK. CHECKS WILL BE ELECTRONICALLY DEBITED WHEN RECEIVED.

IF PAYING BY CREDIT CARD, PLEASE GO TO: <http://testingcollectors.com/contact.html> THEN CLICK ON THE PAY-PAL SECURE LINK BUTTON FOR PHLEBOTOMY, TO MAKE FULL OR PARTIAL PAYMENT.

MAKE CHECKS PAYABLE TO: TTC Training Classes

17450 BURBANK BLVD STE# 215

ENCINO, CA 91316

THIS REGISTRATION FORM IS CONSIDERED A LEGALLY BINDING INSTRUMENT WHEN SIGNED BY THE ENROLLING STUDENT AND ACCEPTED BY TTC.

Any student who fails to complete the training workshop will be subject to disqualification from program. There are no refunds. Your signature below indicates that you understand and agree to the above.

_____ Date: _____

STUDENT SIGNATURE and DATE