



Registration Form

Return completed Registration Forms 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 Newline Ad in other Publication: _____
 Flyer / Brochure (code in lower left corner: _____) Other: _____

Method of Payment:

Check or Money Order Visa MasterCard Discover AmEx

Name (as it appears on credit card): _____

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

Card # _____

Expiration: _____ Security Code (on back of card): _____

Authorized Signature (initial if sending electronically): _____

What class are you registering for?

Class Name: _____

Date(s): _____ Location: _____

Amount Enclosed: \$ _____

You will receive a confirmation / receipt via US mail (or email) within 7 days of receipt of your Registration Form.

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 1 week prior to any class date.

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