

# Medical Compliance Training

[www.medicalcompliancetraining.com](http://www.medicalcompliancetraining.com)

## MCS-P Course and Exam Registration Form

<b>Name:</b>	<b>Title:</b>
<b>Company:</b>	
Street Address:	Mailing Address:
City, State:	Zip Code:
Email:	Home Phone:
Business Phone:	Cell Phone:
Fax:	Other:

<b>Course and Date:</b>		
<input type="checkbox"/> <b>MCS-P Certification Course \$1895.00</b>	<input type="checkbox"/> <b>MCS-P Certification Exam \$500.00</b>	
Applicable Discount:		Discount Amount:
<b>Payment Method</b>		
<input type="checkbox"/> Company Check	<input type="checkbox"/> Money Order	
<input type="checkbox"/> Personal Check	<input type="checkbox"/> Other :	
<input type="checkbox"/> American Express Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Name on Card:		
Credit Card Number:		
Expiration Date:		
<b>Signature:</b>		

**Send or Fax Registration Form to:**

**Medical Compliance Training, LLC  
PO Box 978  
Hillsboro, TX 76645  
Fax: 254-582-7653**

**MCS-P Course Registration is also available at**  
[www.medicalcompliancetraining.com](http://www.medicalcompliancetraining.com)

**For personal assistance: 254-582-7635**