



# **2021 REGISTRATION FORM**

#### Please print and MAIL or FAX this form to:

KJ Trauma Consulting, LLC P.O. Box 4737 Fort Myers, FL 33918 Fax: (239) 599-8208 Email: kjconsulting@kjconsulting.us

### **VIRTUAL Training**

## Sharper Coding for Trauma with ICD-10-CM & ICD-10-PCS

Fee: \$450 per person | Class Time: 9:00am – 1:00pm EST | Course Dates: September 22-23 & September 29-30, 2021

#### You must bring your own 2020 or 2021 Coding Books.

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Title:		Department:			
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reet Address ( <i>Note: Course mate</i>	rials will be mailed here):			Apt./Ste./Unit	t:
:y:	State:	Zip Code:	Fax: (	)	
ICD Trauma Coding Class Bef	ore:Yes No	Anatomy Class Before:	Yes No AIS CI	ass Before: Yes	No
	Item	Fee	Amount		
	Course Registration	n \$450.00 per pers	son		
	Credit Card Fee	\$15.00 per transact	ion		
		TOTAL PA			
Checks should be	made payable to: KJ Tra	uma Consulting, LLC and sent	t to: <b>P.O. Box 4737 F</b>	t. Myers, FL 33918	
ethod of Payment: (Choose one)	☐ Check #	☐ Money Order	r #		
Credit Card (Visa, MC, AMEX, Dis					
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me on Credit Card:	Credit Card Number:				
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rd Holder's Address:		City:		State: 7in:	
lephone registrations will not be acc	epted. Course materials incl	ude training binder, presentation	n handouts, scenarios, a	State zip and faculty fees. Only regist	trations
companied by payment (check, mon-	ey order, or credit card inform	mation) will be accepted. All fee	s must be received no l	ater than thirty (30) days pr	rior to th
urse. Failure to provide payment by the course date. Confirmations will					
	_	iii 3 busiiiess days of receipt.	you have not received	commination please can (23	5) 555-4
nerwise your place in class is not con					
nerwise your place in class is not con ncellation Policy: KJ Trauma Consulting, L	LC reserves the right to cancel a	course up to two weeks prior to the d	late of the course. If the co	urse is cancelled by KITC. a full	refund of