



2022 REGISTRATION FORM

Return via mail, email, or fax:

KJ Trauma Consulting, LLC P.O. Box 4737 Ft. 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: \$460 per person | Class Time: 9:00am – 1:00pm EST | Course Dates: September 14-15 & September 21-22, 2022 | (EASTERN STANDARD TIME)

You must bring your own 2021 or 2022 Coding Books

Department:	Name:		
Email:	Title: Department:		
Street Address (Note: Course materials will be mailed here): Apt./Ste./Unit:	Organization/Facility:		
Item	Telephone: () Email:		
Item	Street Address (Note: Course materials will be mailed here):		Apt./Ste./Unit:
Item	City: State: Zip Code:	Fax: ()	
Item			
Course Registration \$460.00 per person Credit Card Fee \$15.00 per person Course Binder (optional)* *If you do not choose to purchase a Course Binder, you will be emailed a PDF copy of the content prior to the course start date. TOTAL PAID: Checks should be made payable to: KJ Trauma Consulting, LLC and sent to PO Box 4737 Ft. Myers, FL 33918 Method of Payment: (Choose one) Check # Money Order # Credit Card (Visa, MC, AMX, Discover) - \$15 per/person processing fee Name on Credit Card: Credit Card Number: Expiration Date: (MO/YR) / CSV#: (Security) Card Holder's Phone #: (TED Trauma County class before	NO AIS Class bei	res No
Credit Card Fee Course Binder (optional)* *If you do not choose to purchase a Course Binder, you will be emailed a PDF copy of the content prior to the course start date. TOTAL PAID: Checks should be made payable to: KJ Trauma Consulting, LLC and sent to PO Box 4737 Ft. Myers, FL 33918 Method of Payment: (Choose one) Check # Money Order # Credit Card (Visa, MC, AMX, Discover) - \$15 per/person processing fee Name on Credit Card: Credit Card Number: Expiration Date: (MO/YR) / CSV#: (Security) Card Holder's Phone #: (Item	Fee	Amount
Course Binder (optional)* *If you do not choose to purchase a Course Binder, you will be emailed a PDF copy of the content prior to the course start date. TOTAL PAID: Checks should be made payable to: KJ Trauma Consulting, LLC and sent to PO Box 4737 Ft. Myers, FL 33918 Method of Payment: (Choose one) Check # Money Order # Credit Card (Visa, MC, AMX, Discover) - \$15 per/person processing fee Name on Credit Card: Credit Card Number: Expiration Date: (MO/YR) CSV#: (Security) Card Holder's Phone #: () Card Holder's Address: State: Zip: Telephone and walk-up registrations will not be accepted. Course materials include training binder, presentation handouts, scenarios, and faculty fees. Only registrations accompanied by payment (check, money order, or credit card information) will be accepted. All fees must be received no later than thirty (30) or order to the course. Failure to provide payment by the deadline will result in loss of course participation. Credit cards will not be processed until at minimum weeks prior to the course date. Confirmations will be sent to all registrants within 3 business days of receipt. If you have not received confirmation please of (239) 599-4513, otherwise your place in class is not confirmed.	Course Registration	\$460.00 per person	
*If you do not choose to purchase a Course Binder, you will be emailed a PDF copy of the content prior to the course start date. TOTAL PAID:	Credit Card Fee	\$15.00 per person	
Checks should be made payable to: KJ Trauma Consulting, LLC and sent to PO Box 4737 Ft. Myers, FL 33918 Method of Payment: (Choose one) Check # Money Order # Money Order # Credit Card (Visa, MC, AMX, Discover) - \$15 per/person processing fee Name on Credit Card: Credit Card Number: Expiration Date: (MO/YR) / CSV#: (Security) Card Holder's Phone #: () - Card Holder's Address: City: State: Zip: Telephone and walk-up registrations will not be accepted. Course materials include training binder, presentation handouts, scenarios, and faculty fees. Only prior to the course. Failure to provide payment by the deadline will result in loss of course participation. Credit cards will not be processed until at minimum weeks prior to the course date. Confirmations will be sent to all registrants within 3 business days of receipt. If you have not received confirmation please of (239) 599-4513, otherwise your place in class is not confirmed.	Course Binder (optional)*	\$25.00	
TOTAL PAID: Checks should be made payable to: KJ Trauma Consulting, LLC and sent to PO Box 4737 Ft. Myers, FL 33918 Method of Payment: (Choose one)			
Checks should be made payable to: KJ Trauma Consulting, LLC and sent to PO Box 4737 Ft. Myers, FL 33918 Method of Payment: (Choose one)	emailed a PDF copy of the content prior to the course start date.		
Method of Payment: (Choose one)			
Credit Card (Visa, MC, AMX, Discover) - \$15 per/person processing fee Name on Credit Card: Credit Card Number: Expiration Date: (MO/YR)/ CSV#: (Security) Card Holder's Phone #: () Card Holder's Address: City: State: Zip: Telephone and walk-up registrations will not be accepted. Course materials include training binder, presentation handouts, scenarios, and faculty fees. Only registrations accompanied by payment (check, money order, or credit card information) will be accepted. All fees must be received no later than thirty (30) or prior to the course. Failure to provide payment by the deadline will result in loss of course participation. Credit cards will not be processed until at minimum weeks prior to the course date. Confirmations will be sent to all registrants within 3 business days of receipt. If you have not received confirmation please of (239) 599-4513, otherwise your place in class is not confirmed.	Checks should be made payable to: KJ Trauma Consulting, LLC and sent	to PO Box 4737 Ft. Myers	s, FL 33918
Credit Card Number: Expiration Date: (MO/YR) / CSV#: (Security) Card Holder's Phone #: () Card Holder's Address: City: State: Zip: Telephone and walk-up registrations will not be accepted. Course materials include training binder, presentation handouts, scenarios, and faculty fees. Only registrations accompanied by payment (check, money order, or credit card information) will be accepted. All fees must be received no later than thirty (30) prior to the course. Failure to provide payment by the deadline will result in loss of course participation. Credit cards will not be processed until at minimum weeks prior to the course date. Confirmations will be sent to all registrants within 3 business days of receipt. If you have not received confirmation please co (239) 599-4513, otherwise your place in class is not confirmed.	Method of Payment: (Choose one) Check # Money	Order #	
Credit Card Number: Expiration Date: (MO/YR) / CSV#: (Security) Card Holder's Phone #: () Card Holder's Address: City: State: Zip: Telephone and walk-up registrations will not be accepted. Course materials include training binder, presentation handouts, scenarios, and faculty fees. Only registrations accompanied by payment (check, money order, or credit card information) will be accepted. All fees must be received no later than thirty (30) prior to the course. Failure to provide payment by the deadline will result in loss of course participation. Credit cards will not be processed until at minimum weeks prior to the course date. Confirmations will be sent to all registrants within 3 business days of receipt. If you have not received confirmation please co (239) 599-4513, otherwise your place in class is not confirmed.			
Card Holder's Address: City: State: Zip: State:			
Card Holder's Address: State: Zip:			
Telephone and walk-up registrations will not be accepted. Course materials include training binder, presentation handouts, scenarios, and faculty fees. Only registrations accompanied by payment (check, money order, or credit card information) will be accepted. All fees must be received no later than thirty (30) prior to the course. Failure to provide payment by the deadline will result in loss of course participation. Credit cards will not be processed until at minimun weeks prior to the course date. Confirmations will be sent to all registrants within 3 business days of receipt. If you have not received confirmation please c (239) 599-4513, otherwise your place in class is not confirmed.	Expiration Date: (MO/YR)/ CSV#: (Security) Card Holder's Pl	none #: ()	
Telephone and walk-up registrations will not be accepted. Course materials include training binder, presentation handouts, scenarios, and faculty fees. Only registrations accompanied by payment (check, money order, or credit card information) will be accepted. All fees must be received no later than thirty (30) prior to the course. Failure to provide payment by the deadline will result in loss of course participation. Credit cards will not be processed until at minimun weeks prior to the course date. Confirmations will be sent to all registrants within 3 business days of receipt. If you have not received confirmation please c (239) 599-4513, otherwise your place in class is not confirmed.	Card Holder's Address: City:	State	e· 7in·
prior to the course. Failure to provide payment by the deadline will result in loss of course participation. Credit cards will not be processed until at minimun weeks prior to the course date. Confirmations will be sent to all registrants within 3 business days of receipt. If you have not received confirmation please c (239) 599-4513, otherwise your place in class is not confirmed.			
weeks prior to the course date. Confirmations will be sent to all registrants within 3 business days of receipt. If you have not received confirmation please c (239) 599-4513, otherwise your place in class is not confirmed.			
(239) 599-4513, otherwise your place in class is not confirmed.		-	
		eceipt. If you have not receive	veu commination please ca
tuition fee will be awarded. KJTC will not be responsible for any other expenses incurred by the registrant. Should a course be cancelled due to an Act of God, KJTC will refund all ti	Cancellation Policy: KJ Trauma Consulting, LLC reserves the right to cancel a course up to two weeks prior to the dat		
JAVIDED FOR THE COURSE IESS A 2 LT2 DEDICESSING TER TOT RACH TRIGISTRANT. KILL WILL DOT DE LESDONSINIE TOT ANY OTHER PARENCES INCUITED BY THE PROJETTANT. SHOULD A PROJETTANT SHOULD THE	payment for the course less a \$115 processing fee for each registrant. KJTC will not be responsible for any other experimental participation in the course, not more than 2 weeks prior to the course date, tuition fees will be reimbursed less a \$1:	, ,	_

than 2 weeks prior to the course date, no refund will be issued and the course full amount plus processing fees are due.