



# 2019 REGISTRATION FORM



Please print and MAIL or FAX this form to:

KJ Trauma Consulting, LLC P.O. Box 4737 Ft. Myers, FL 33918

Fax: (239) 599-8208 Email: kjconsulting@kjconsulting.us

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

Class Time: 0730 to 1630 - Daily  
Fee: \$450 / per person

Course Dates: **March 11 & 12, 2019**  
Course Location: **Adventist + Rideout Administration  
Conference Center**  
Address: 989 Plumas Street, Yuba City, CA 95991

**You Must Bring your own 2019 Coding Books**

PLEASE PRINT. Complete one form per participant:

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Organization/Facility: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

ICD Coding Class Before: \_\_ Yes \_\_ No Anatomy Class Before: \_\_ Yes \_\_ No AIS Class Before: \_\_ Yes \_\_ No

Item	Fee	Amount
Course Registration	\$450 per person	
Total Paid		

Method of Payment: (Choose one)  Check # \_\_\_\_\_  Money Order # \_\_\_\_\_

Credit Card (Visa, MC, AMX, Discover)

Name on Credit Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date: (MO/YR) \_\_\_\_/\_\_\_\_ CSV#: (Security) \_\_\_\_\_ Card Holder's Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Card Holder's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Credit card registrations are subject to processing fee. Telephone and walk-up registrations will not be accepted. Course materials include training binder, presentation handouts, scenarios, note pages, highlighter, ink pen 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 one (1) week prior to the course.

**Make checks payable to: KJ Trauma Consulting, LLC PO Box 4737 Ft. Myers, FL 33918**

Confirmations will be sent to all registrants within 2 business days. If you have not received confirmation please call (239) 599-4513, otherwise your place in class is not confirmed.

**Cancellation Policy:** KJ Trauma Consulting, LLC reserves the right to cancel a course up to two weeks prior to the date of the course. In case of course cancellation by KJTC, a full refund of the 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 or by the host organization, KJTC will refund all tuition payments for that course less a \$100 processing fee for each registrant. KJTC will not be responsible for any other expenses incurred by the registrant and/or host. Should a registrant cancel their participation in the course at least two weeks prior the course date, the tuition will be reimbursed less a \$100 processing fee. KJTC will not be responsible for any other expenses incurred by the registrant. Cancellations less than two weeks prior to the course date will not receive tuition refunds. KJTC will not be responsible for any other expenses incurred by the registrant.

**Registration Deadline is 2/8/19 – All forms and payments are due by this Date!**