



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

2-Day Training

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

Class Time: 0730 to 1630 daily
Fee: \$450 per person

Course Dates:
January 17 & 18, 2019

Course Location:
**SouthEast Texas Regional Advisory Council (SETRAC)
1111 N Loop W #160, Houston, TX 77008**

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 | \$450.00 per person | |
| Credit Card Fee | \$15.00 per person | |
| TOTAL PAID: | | |

Checks should be made payable to: **KJ Trauma Consulting, LLC** and sent to **PO Box 4737 Ft. Myers, FL 33903**

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: _____ City: _____ State: _____ Zip: _____

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 thirty (30) days 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, two weeks prior to the course date. Confirmations will be sent to all registrants. 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. If the course is cancelled 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 December 21, 2018. All forms and payments are due by this date.