



# 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:** May 20 & 21, 2019

**Course Location:** ODEMSA  
1421 Johnston Willis Drive  
Richmond, VA 23235

**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	
<b>TOTAL PAID:</b>		

**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 within 3 business days of receipt. 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, KJTC will refund all tuition payment for the course less a \$115 processing fee for each registrant. KJTC will not be responsible for any other expenses incurred by the registrant. Should a registrant cancel their participation in the course, not more than 2 weeks prior to the course date, tuition fees will be reimbursed less a \$115 processing fee. Should a registrant cancel their participation less than 2 weeks prior to the course date, no refund will be issued and the course full amount plus processing fees are due.

**Registration Deadline is April 19, 2019. All forms and payments are due by this date.**