



Advanced Injection Training Registration Form Denver, CO

Training Date: _____

Practice Name: _____

Owner Name and Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Provider attending seminar

Name and Title: _____

Email: _____

Training Investment options: All hands on courses!

2 DAY Injection Course: \$2,499.00

1 DAY REVIEW course: \$1,899 *Must previously attended 2 day course*

Private 2 Day training in Denver: Email Karen for price/dates

)

_____ AMI Client (Yes or No) If not, referred by _____

Payment Method: ___ Master Card ___ Visa ___ Discover ___ AMX

Credit Card #: _____

Expiration Date: _____ CVV code: _____

Print name as it appears on the card: _____

Signature: _____

Date _____

Fill out registration form and fax or email: only 10 spots and they fill up fast!
Fax 303-292-9970 or email to Karen Rea NP at karenrea@downtownshhealthcare.com
www.downtownshhealthcare.com/provider-injection-training

Downtown's Healthcare: Karen Rea NP
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