

Medical Compliance Training
www.medicalcompliance training.com

**MCS-P UpDate Session
 Registration Form**

Name:	Title:
Company:	
Street Address:	Mailing Address:
City, State:	Zip Code:
Email:	Home Phone:
Business Phone:	Cell Phone:
Fax:	Other:

Session: MCS-P Up-Date Session	
<input type="checkbox"/> March 18, 19, 20(noon), 2020 (Wed, Thurs, Fri (till noon) San Antonio, TX \$750.00	<input type="checkbox"/> Course Date: _____ Location: _____ (4-days classroom sessions; no exam) \$750.00

Payment Method		
<input type="checkbox"/> Company Check	<input type="checkbox"/> Money Order	
<input type="checkbox"/> Personal Check	<input type="checkbox"/> Other:	
<input type="checkbox"/> American Express Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Name on Card:		
Credit Card Number:		
Expiration Date:		Security Code (from back of card) if available:
Signature:		

Send or Fax Registration Form to MCT at:

**Medical Compliance Training
 PO Box 978
 Hillsboro, TX 76645**

Fax: 254-582-7653

Email: bjharrison@medicalcompliance training.com

MCS-P Course Registration form can be faxed, attached to email, or for personal assistance please call 254-582-7635.

REFUND NOTICE: MCT does not refund registration fees. If you cancel your enrollment after payment has been received, you will be able to transfer the registration fee to another MCS-P class or session within the following two- (2) year period. It is required that you contact MCT regarding any cancellation prior to class.