National Procedures Institute
Course Registration Form

EMAIL ADDRESS

FIRST NAME, LAST NAME

INSTITUTION

PHONE NUMBER

FAX NUMBER

SPECIALTY

- ❑ Family Medicine
- ❑ Internal Medicine
- ❑ Emergency Medicine
- ❑ General Medicine
- ❑ Pediatrics
- ❑ General Surgery
- ❑ OB/GYN
- ❑ Radiology
- ❑ Other, specify

POSITION

- ❑ M.D.
- ❑ D.O.
- ❑ Hospitalist
- ❑ Faculty
- ❑ Student*
- ❑ Physician Asst*
- ❑ Nurse, NP*
- ❑ Resident*
- ❑ Other, specify

These positions receive a 10% discount

BILLING ADDRESS

CITY, STATE, ZIP CODE

SHIPPING ADDRESS, IF DIFFERENT FROM BILLING

CITY, STATE, ZIP CODE

COURSE REGISTRATION

COURSE DATE	COURSE TITLE	COURSE FEE
		$
		$
		$

PAYMENT INFORMATION

❑ CHECK # _________ ❑ VISA ❑ MC ❑ AMX ❑ DISCOVER

CARD NUMBER

$ LESS DISCOUNT

EXPIRATION DATE CVV CODE

NAME ON CARD SIGNATURE

$
TOTAL DUE

Mail or fax registrations to: 12012 Technology Blvd., Ste. 200, Austin, TX 78727
Phone: (866) NPI-CME1, (512) 870-8051; Fax: (512) 329-0442