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

BILLING ADDRESS

CITY, STATE, ZIP CODE

SHIPPING ADDRESS, IF DIFFERENT FROM BILLING

CITY, STATE, ZIP CODE

POSITION

☐ M.D.
☐ D.O.
☐ Hospitalist
☐ Faculty
☐ Student*

☐ Physician Asst*
☐ Nurse, NP*
☐ Resident*
☐ Other, specify

*These positions receive a 10% discount

COURSE REGISTRATION

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PAYMENT INFORMATION

☐ CHECK # ________  ☐ VISA  ☐ MC  ☐ AMX  ☐ DISCOVER

CARD NUMBER

EXPIRATION DATE

CVV CODE

NAME ON CARD

SIGNATURE

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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