

PRINTABLE REGISTRATION FORM

Please, complete all information and **PRINT legibly. We MUST read Name, address, phone numbers and e-mail information** to print Certificates, communicate with you and mail confirmation.

FULL NAME (to appear on course certificate):

Professional Designation (i.e. RN, LPN, GN, etc): _____ License #, if applicable

Home address: _____ Apt/unit Number

City _____ State: _____ Zip code:

Employer's name and city:

Home Phone: _____ Work phone:

E-mail: _____ Preferred contact: Home Work
 E-mail

Mail completed registration form with payment to: Infusion Therapy Institute, Inc.
551 Concord Lane, Des Plaines, IL 60016

E-mail questions to : inservice@infusioninstitute.com Phone: 847 338 5445 Fax: 847 546 255

Please write class dates and Locations

| DATE | Location | TITLE | Reg. Fee |
|-------|----------|---|-----------|
| _____ | _____ | Insertion and Maintenance of PICC (Day 1) | \$300.00 |
| _____ | _____ | Ultrasound PICC insertion Technique (Day 2) | \$350.00 |
| _____ | _____ | IV Therapy and IV Skill Enhancement Work Shop | \$175.00 |
| _____ | _____ | Care and Maintenance of CVAD | \$125.00 |
| _____ | _____ | IV Therapy Certification Program (2-days) | \$ 300.00 |

Payment Total (Payable to: infusion Therapy Institute)

CANCELLATION POLICY

Infusion Therapy Institute, Inc. MUST receive all cancellations in writing or by e-mail seven (7) days prior to the scheduled class. \$35.00 processing fee will be charged for each cancelled class. \$50.00 will be charged for checks with insufficient fund. No refunds are issued for cancellations received within 7 days of the class or for no shows. Registration fee is transferable for another class or another participant.

Infusion Therapy Institute reserves the right to cancel classes if sufficient registrations are not received within seven (7) days of a scheduled class. You may opt to attend another class. If you decide not to attend an upcoming program, a full refund will be made within seven (7) days for cancellations by Infusion Therapy Institute.

Signature: _____ Date: _____

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