

HEALTH IT CERTIFICATION - CPHIT

Onsite Training & Exam Registration Form

1: PLEASE COMPLETE THE FOLLOWING

Name of Registrant _____
Title _____ Name of Organization _____
Mailing Address _____
City _____ State _____ Zip _____
Phone () _____ Fax () _____ E-mail _____

2: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the conference registrar at the address below, or fax your credit card payment to 760-418-8084.

Check/money order enclosed (make checks payable to Health IT Certification)

Credit card: American Express Visa MasterCard

Account Number: _____ Expiration: ____ / ____

Name of Cardholder: _____

Signature of Cardholder: _____

3: REGISTRATION SUBMISSION

Please return your application and full payment by: Fax 760-418-8084. Please make checks payable to Health IT Certification. Or mail this form with correct enrollment fee (U.S. funds) to: Health IT Certification Registration, 3291 West Wilson Road, Pahrump, NV 89048.

For more information: Call 800-684-4549 or send e-mail to Registration@HealthITCertification.com or visit www.HealthITCertification.com.

4: CPHIT REGISTRATION FOR ONSITE TRAINING & EXAMS

HEALTH IT CERTIFICATION - CPHIT

CPHIT CURRICULUM TRAINING ONLY - \$1,495 \$ _____

CPHIT CERTIFICATION EXAMINATION ONLY - \$495 \$ _____

CPHIT CERTIFICATION EXAMINATION RETAKE ONLY - \$395 \$ _____

CPHIT CURRICULUM TRAINING AND CERTIFICATION EXAMINATION - \$1,695 \$ _____

DISCOUNTED RATE FOR THOSE WHO HAVE COMPLETED CPEHR CERTIFICATION - \$1,395 \$ _____

PLEASE SELECT A SINGLE DATE AND LOCATION FOR CPHIT TRAINING AND/OR EXAMINATION:

OCTOBER 27 - 29, 2008, PHILADELPHIA, PA

NOVEMBER 10 - 12, 2008, UCLA SCHOOL OF PUBLIC HEALTH, LOS ANGELES, CA

DISCOUNT CODE: _____

TOTAL: \$ _____