



Advanced Injection Training Registration Form Denver, CO

Training Date: _____

Practice Name: _____

Owner Name and Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Provider attending seminar

Name and Title: _____

Email: _____

Training Investment options:

☐ 2 DAY Course: \$2,499.00

☐ 1 DAY REVIEW course: \$1,899 *Must previously attended 2 day course*

☐ Private 2 Day training in Denver: Email Karen for price/dates

_____ AMI Client (Yes or No)

Payment Method: ____ Master Card ____ Visa ____ Discover ____ AMX

Credit Card #: _____

Expiration Date: _____ CVV code: _____

Print name as it appears on the card: _____

Signature: _____ Date _____

Fill out registration form and fax or email: only 10 spots and will fill up fast!

Fax 303-292-9970 or email to Karen Rea NP at nursepract@downtownshealthcare.com

www.downtownshealthcare.com/provider-injection-training

Downtown's Healthcare

950 17th St Ste. 200

Denver, CO 80202

303-292-9992

303-292-9970 fax

nursepract@downtownshealthcare.com