



Downtown's Healthcare

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: \$2,499.00 Includes two-day course

____ ***AMI Client: Yes or No (circle one)***

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 Dr. Gary Rademacher at graddc@gmail.com

Downtown's Healthcare

950 17th St Ste. 200

Denver, CO 80202

303-292-9992

303-292-9970 fax

nursepract.dhc@gmail.com