





2019 REGISTRATION FORM

Please print and MAIL or FAX this form to:

KJ Trauma Consulting, LLC P.O. Box 4737 Ft. Myers, FL 33918 Fax: (239) 599-8208 Email: kjconsulting@kjconsulting.us

2-Day Training

Sharper Coding for Trauma with ICD-10-CM & ICD-10-PCS

Fee: \$450 per person 3651 Wheeler Road, Augusta, GA 30909

You must bring your own 2019 Coding Books

Name:					
itle: Department:					
Organization/Facility:					
Telephone: ()	nail:				
Street Address:					
City:	State:	Zip Code:	Fax: ()	
ICD Coding Class Before: _	Yes No Anaton	ny Class Before: Yes	No AIS Clas	s Before:	Yes No
		_		1	
	Item	Fee	Amount		
	Course Registration Credit Card Fee	\$450.00 per person \$15.00 per person			
	Credit Card ree	TOTAL PAID:		-	
Checks should be	made payable to: KJ Traui	ma Consulting, LLC and sent t		Ft. Myers, FL 3	3903
Method of Payment: (Choose one)	☐ Check #	Money Order #			
☐ Credit Card (Visa, MC, AMX, Disco	over) - \$15 per/person prod	cessing fee			
Name on Credit Card:		Credit Card Nu	mber:		
Expiration Date: (MO/YR)/_					
Card Holder's Address:		City:		State:	Zip:
elephone and walk-up registrations wil	I not be accepted. Course mat	erials include training binder, pre	esentation handou	its, scenarios, not	e pages, highlighter,
oen and faculty fees. Only registrations a ater than thirty (30) days prior to the co					
processed until at minimum, two weeks	prior to the course date. Con	firmations will be sent to all regis			
received confirmation please call (239) 5	599-4513, otherwise your place	e in class is not confirmed.			
Cancellation Policy: KJ Trauma Consulting, LLC tuition fee will be awarded. KJTC will not be re	_				•
payment for the course less a \$115 processing	g fee for each registrant. KJTC will r	not be responsible for any other expe	nses incurred by the	registrant. Should a	registrant cancel their
participation in the course, not more than 2 w than 2 weeks prior to the course date, no refu				ouid a registrant can	icei their participation les