



*Academy of Medical Professions
 Transcription Associates, Inc.
 Brunswick Business Center
 18 Pleasant Street, Suite 210; Brunswick, ME 04011
 www.academyofmedicalprofessions.com
 1-866-516-8274 . 207-721-0714 . 207-449-1242 (fax)*

ICD-10-CM BOOT CAMP Enrollment Agreement

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ (H) _____ (C)

E-MAIL: _____

LOCATION ATTENDING _____ DATE _____

SECOND LOCATION CHOICE _____ DATE _____

PAYMENT METHOD

******Please make checks payable to the Academy of Medical Professions******

- **PLEASE SEND ALL REGISTRATION FORMS TO BRUNSWICK, MAINE OFFICE**
- **ALL REGISTRATION FORMS NEED TO BE IN 2 WEEKS PRIOR TO BEGINNING OF CLASS START DATE OR CALL FOR AVAILABILITY**

_____ PAYMENT OF \$400 INCLUDES COST OF PROGRAM AND ALL MATERIALS
 NEEDED TO COMPLETE COURSE

CONTRACT AGREEMENT

I, _____ hereby agree to the above mentioned terms of the
 program. I have read and understand the **REFUND POLICY** for his course and agree to
 its terms:

SIGNATURE: _____ DATE: _____