



Academy of Medical Professions . Brunswick Business Center . 18 Pleasant Street, Suite 210
Brunswick, ME 04011 . 207-449-1242 (fax); Info@academyofmedicalprofessions.com

PHARMACY TECHNICIAN COURSE ENROLLMENT AGREEMENT

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ (H) _____ (C)

E-MAIL: _____

START DATE: _____

WHERE DID YOU HEAR ABOUT OUR COURSES?:

PAYMENT METHOD

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

- Please send all registration forms to Brunswick, Maine office
- \$150.00 non-refundable enrollment fee is already included in the price
- All registration forms need to be in 2 weeks prior to beginning of class start date
- All payments are to be kept in good standing or contract is null and void and you must pay remaining balance before attending any more classes or the balance with appropriate fees with be sent to collection agencies as well as legal action will be taken.

PLACE CHECK MARK ON APPROPRIATE PAYMENT PLAN OR PAY-OFF.

___ **\$1,500.00** SINGLE PAYMENT: Includes the entire program, books, and national boards exams fee

___ **\$1,500.00** PAID BY OUTSIDE SOURCE

___ **\$1,700.00.** PAYMENT PLAN OPTION #1 **Initial payment of \$350, then \$75 weekly until paid in full.**

CREDIT CARD # _____ EXPIRATION: _____

SECURITY CODE: _____ TYPE OF CARD: _____

NAME AS IT APPEARS ON CARD: _____ AMOUNT: _____

ADDRESS WHERE CARD IS SENT IF DIFFERENT FROM REGISTRATION FORM:

Date that you want to start the automatic weekly payments on:

Weekly date and amount: _____ OR 1st and 15th date and amount: _____

CONTRACT AGREEMENT

I, _____ hereby agree to the payment plan chosen above and agree to its terms: (Please provide all information below and sign) SS# _____ DRIVER'S LICENSE # _____ STATE _____

SS# _____ DRIVER'S LICENSE # _____ STATE _____

SIGNATURE: _____ DATE: _____