



## Continuing Education Classes Registration Form

Please check the class you wish to enroll in:

Class Title	Dates
<input type="checkbox"/> Home Health Clinical	
<input type="checkbox"/> .Solutions Scheduling	
<input type="checkbox"/> Home Health Billing	
<input type="checkbox"/> Hospice Clinical Overview	
<input type="checkbox"/> Forms Maintenance	
<input type="checkbox"/> Bereavement	
<input type="checkbox"/> Intro Hospice Billing & AP	
<input type="checkbox"/> Reports	
<input type="checkbox"/> Database Administrator	
<input type="checkbox"/> .Solutions Inpatient	

**Note: If you wish to enroll in more than one class, please use a separate Registration Form for each class.**

Person(s) who will be attending from your organization: (Maximum enrollment = 4 people)				
	Name	Position	E-mail	Phone
1				
2				
3				
4				

Your Organization's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

I (We) understand the 2010 fee of \$750/day will be charged for each day of training.

Signature of Organization Contact

Person(s) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

**Please sign and date this form and fax back to Suncoast Solutions at (727) 599-2576.**

**Space in the class will not be reserved until this form has been signed and returned to us.**

**We will send you confirmation that your registration has been received and space has been reserved**

**Suncoast Solutions 19337 US Hwy 19 N, Suite 450 Clearwater, FL 33764  
1-800-334-0505 www.sncoast.com**