Medical Billing and Coding Registration

Name

Address

City   **State**   **Zip**

Telephone

E-mail

Last School Attended

Location /Graduation Date

Current Employer/City/State

Position/ Years employed

☐ Full Program $2,520
☐ Per course $ 315
☐ Prep Courses/each $525

Indicate course_____

January Session   ☐

July Session   ☐

Fee does not include books and other required materials.

PAYMENT OPTIONS

Exp. Date

☐ **MasterCard**   ☐ **Visa**   ☐ **Discover**

Card Number		Security code
Amount Authorized		
Name on card if different from registration		

_____

Signature   **Date**
I hereby authorize SUNY Downstate to charge my credit card for the amount indicated above.