

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

☐ MasterCard

☐ Visa

☐ Discover

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

Signature

Date

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