

TRAIN FOR COMPLIANCE

ASIS Course Registration Form

1: PLEASE COMPLETE THE FOLLOWING

Name of Registrant _____
Title _____ Name of Organization _____
Mailing Address _____
City _____ State _____ Zip _____
Phone () _____ Fax () _____ E-mail _____

2: REGISTRATION PROCESS

Please complete the following pages, selecting the courses you would like to register for.

Once completed, total your registration fee and input here: \$ _____

If you have a registration which code offers an adjusted price rate, please use that price in the column next to the courses and provide that adjusted total on the line above. Please input your optional registration code here: _____

3: PAYMENT OPTIONS

Please enclose payment with your registration and return it to the conference registrar at the address below, or fax your credit card payment to 760-418-8084.

Check/money order enclosed (make checks payable to Train for Compliance)

Credit card: American Express Visa MasterCard

Account Number: _____ Expiration: ____ / ____

Name of Cardholder: _____

Signature of Cardholder: _____

4: REGISTRATION SUBMISSION

Please return your application and full payment by: Fax 760-418-8084 Phone: 800-684-4549. Please make checks payable to Train for Compliance. Or mail this form with correct enrollment fee (U.S. funds) to: Registrar, 7790 Barberry Ave., Yucca Valley, CA 92284

For more information: Call 800-684-4549 or send e-mail to registration@TrainforCompliance.com or visit www.TrainforCompliance.com.

Upon completion of registration, you will receive an e-mail with your login/password and instructions on how to begin taking your course(s).

5: COURSE REGISTRATION - TRAIN FOR HIPAA COURSES

20000. BASIC CURRICULUM

20004. BASIC HEALTH INFORMATION SECURITY TRAINING - \$90

\$ _____