



Medication Administration Registration Form

Please complete and send to Wendy Sain
9900 E Iliff Ave, Denver, CO 80231
Phone: (303) 636-5727 Fax: (303) 636-5606

- You will receive a pre-test and manual with your paid registration, you can pick the packet up at the Denver Options' Receptionist Desk or check the following box and one will be mailed to you.
 Send me a pre-test and manual to (if different than below) _____
- Registration and payment must be received prior to each event in order to secure seating.
- You will receive a confirmation letter approximately a week before class. If you believe you are registered and do not receive a confirmation letter please call the number above.
- Please bring a picture ID to class.

Please indicate the date you would like to attend:

I would like an earlier class if an opening becomes available.

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> January 4, 2007 | <input type="checkbox"/> April 19, 2007 | <input type="checkbox"/> August 2, 2007 | <input type="checkbox"/> November 1, 2007 |
| <input checked="" type="checkbox"/> February 1, 2007 | <input type="checkbox"/> May 3, 2007 | <input type="checkbox"/> August 16, 2007 | <input type="checkbox"/> December 6, 2007 |
| <input checked="" type="checkbox"/> February 15, 2007 | <input type="checkbox"/> June 7, 2007 | <input type="checkbox"/> September 6, 2007 | <input type="checkbox"/> December 20, 2007 |
| <input checked="" type="checkbox"/> March 1, 2007 | <input checked="" type="checkbox"/> June 21, 2007 cancelled | <input type="checkbox"/> October 4, 2007 | |
| <input checked="" type="checkbox"/> April 5, 2007 | <input type="checkbox"/> July 12, 2007 | <input type="checkbox"/> October 18, 2007 | |

All trainings will be held at Denver Options, 9900 E Iliff Ave, Denver, CO 80231

Classes are from 9:00 am to 4:00 pm and will start promptly at 9:00.

Classes and tests are offered in English only.

Doors open at 8:30 am, participants arriving after 9:00 am will not be admitted and you will not receive a refund. If you would like to register for the next available class the full registration will be due.

Name: _____ Title: _____

Organization: _____ E-mail: _____

Address: _____
(Street) (Apt) (City) (State) (Zip)

Phone: (____) _____ Fax: (____) _____

Supervisor: _____ Supervisor Phone: (____) _____

Supervisor E-mail: _____ State or Government Tax ID #: _____

Registration Fee: \$45 per person

- Cash (Exact cash is appreciated) Money Order or Cashiers Check (payable to CTAT) Visa Master Card
 Denver Options Staff - Department: _____

Card Number: _____ CSV: _____ Expiration Date: _____
Last 3 digits on the back

Name on Card: _____ Authorized Signature: _____

Name and Address on Credit Card Account: Same as above Different than above, see below

(Name) (Street) (Apt) (City) (State) (Zip)

Cancellations must be received 7 days prior to the event. A 50% administration charge will be assessed for all cancellations. No refunds will be available with less than 4 days notice; however, you may send someone in your place.

CTAT/Denver Options Use Only

Date Received: _____

Received by: _____

Packet Given/Sent: _____