

**Examinetics Inc.
Registration Form
CAOHC Certification and Refresher Classes – 2016**

Name: _____ Title: _____
 Approving Supervisor: _____ Title: _____
 Company: _____
 Address (physical): _____ Address (billing): _____
 City: _____ City: _____
 State/Zip: _____ State/Zip: _____
 Phone: _____ Billing Phone: _____
 Email: _____ Billing Email: _____

<input checked="" type="checkbox"/>	Initial certification class dates Tuition \$625.00 <i>(Current Examinetics clients may have special contracted pricing)</i>	Instructor	Refresher class dates Tuition \$425.00 <i>(Current Examinetics clients may have special contracted pricing)</i>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	February 8-10, 2016	TBD		<input type="checkbox"/>
<input type="checkbox"/>	Feb 29 – Mar 2, 2016	TBD		<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
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<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>

Class hours are 8:00 – 5:00 except for the third day of the initial certification class which only runs until noon.

Class tuition includes CAOHC certification fee. Examinetics will submit the necessary fees and forms to CAOHC for you. If paying by check, make check for entire amount payable to Examinetics, Inc.

Payment Method

Check enclosed (\$ _____) Make payable to: Examinetics, Inc.

Credit Card Type: _____
 Cardholder Name: _____

Card Number _____

Security Code: _____ Expiration ____ / ____

Invoice

Fax: 913-748-2001 Attn: AUDIOLOGY

Email: audiology@examinetics.com. Subject Line: CAOHC registration--your company name--mm/dd

PLEASE CALL THE NUMBER ABOVE WITHIN 24 HOURS OF SUBMITTING YOUR REGISTRATION TO CONFIRM RECEIPT.

We reserve the right to cancel or reschedule any course, which lacks sufficient registration. If you have any questions, please call 800-946-7228 or 913-748-2000. Directions to the class will be sent the week before the scheduled class.