



WORKCOMPSCHOOL COURSE ENROLLMENT FORM

ENROLLMENT INSTRUCTIONS:

- 1.Fill out all information
- 2.Fax this form to 805-484-9322, Attention: Sales
- 3.If you have questions call 866-WRK-COMP (975-2667) and ask for Sales

PERSONAL CONTACT INFORMATION: (Note: this is only for identification purposes only, we will not sell your info to 3rd parties)

First Name: _____ M.I. _____ Last Name: _____
 Residence Address: (include apt or unit) _____
 City, State, Zip Code: _____
 Employer (Company & Address): _____
 Your Email Address: _____
 Your Fax Number: _____ Your Daytime Telephone Number: _____
 Professional License #: _____ Type of License: _____ State: _____

INDUSTRY INFORMATION: (please select your industry segment, this will help us better develop courses for the future)

Insurance _____ TPA _____ Self-Insured _____ Legal _____ Medical _____ Agent _____ Other _____

COURSE ENROLLMENT INFORMATION: Please Register me in the following courses:

Course name: _____ Start Date _____ Course Cost _____
 Course name: _____ Start Date _____ Course Cost _____
 Course name: _____ Start Date _____ Course Cost _____
 Course name: _____ Start Date _____ Course Cost _____
 Course name: _____ Start Date _____ Course Cost _____
 Course name: _____ Start Date _____ Course Cost _____

TOTAL COSTS: \$ _____

PAYMENT INFORMATION:

The course fees will be paid by: My Employer _____ Myself _____ Other (fill in) _____
 Payment Method (select one): Check _____ Invoice* _____ Visa _____ MasterCard _____ American Express _____
 Card number: _____ Expiration Date: _____
 Signature of Cardholder: _____

CONTINUING EDUCATION CREDIT INFORMATION:

I will be applying for the following Continuing Education Certification(s) after completion of my course(s): (circle all that apply)

DOCTOR: AME/QME/IME ATTORNEY: MCLE/Specialization BROKER/AGENT CLAIMS: CE NURSE

Other (please fill in) _____

Please e-mail certificate of completion to the following e-mail address (if different from above): _____

I have read the WorkCompSchool Refund/withdrawal policy below, and agree to its terms:

My Signature: _____

WorkCompSchool Refund/withdrawal Policy: Refunds are granted only if requested in writing and postmarked, faxed or e-mailed no later than 7 working days prior to the course start date. A \$25 refund administration fee will be deducted from all course refunds. No refund will be approved if you fail to attend a course or fail to cancel your course reservation.

*If payment is by invoice, payment must be received within 30 days. Class access will be available once payment has been received.

WorkCompSchool
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Website: www.workcompschool.com