

MEDICAL EDUCATION TECHNOLOGY INSTITUTE - CLASS REGISTRATION FORM

Full payment by check (made payable to KahnTact USA, Inc.), or MasterCard/VISA/Discover/American Express must accompany the registration form. Enrollment is confirmed by e-mail or U.S. mail. Classes are held at KahnTact USA, Inc. in Hillside Illinois, unless pre-arranged ON-SITE services are scheduled. ON-SITE fee applicable over 60 miles distance. Confirmation cannot be guaranteed until receipt of registration form and fee. Attendees must confirm seven days prior to class of any cancellations. KahnTact USA is not responsible for expenses incurred in conjunction with attending class other than class fee. NO REFUNDS can be issued on cancellations and transfers not received 14 days prior to course. A \$25 charge will be assessed on any transfers of class location. Mail your completed registration form and payment to KAHNTACT USA, Medical Education & Technology Institute, Training & Education Department, 37 N. Hillside, Hillside, IL 60162. Or, you may fax your registration form to: (708) 449-7832.

ADMINISTRATOR INFORMATION

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY.

Name _____
First Last

Company _____

Address _____

City _____ ST _____ Zip _____

Direct Phone (_____) _____ - _____ ext. _____

Direct Fax (_____) _____ - _____ ext. _____

E-mail _____

REGISTERED ATTENDEE NAMES

_____	_____
<small>First</small>	<small>Last</small>
_____	_____
<small>First</small>	<small>Last</small>
_____	_____
<small>First</small>	<small>Last</small>
_____	_____
<small>First</small>	<small>Last</small>
_____	_____
<small>First</small>	<small>Last</small>
_____	_____
<small>First</small>	<small>Last</small>

***Attach separate sheet of paper for additional names.

EQUIPMENT USED

- | | |
|--|---|
| <input type="checkbox"/> Dry Gas | <input type="checkbox"/> Wet Bath |
| <input type="checkbox"/> ASIV W/ MEMORY | <input type="checkbox"/> ASIV / RBT IV |
| <input type="checkbox"/> INTOXILIZER 200 | <input type="checkbox"/> INTOXILIZER 200D |
| <input type="checkbox"/> PBA 3000B | <input type="checkbox"/> PBA 3000C |
| <input type="checkbox"/> ALCOMONITOR CC | <input type="checkbox"/> ASIII |
| <input type="checkbox"/> PHOENIX | <input type="checkbox"/> SD2 |
| <input type="checkbox"/> FC10 | <input type="checkbox"/> FC20 |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> DRAEGER 7410 |

COURSE REGISTRATION

COURSE 202 – BAT/EBT TECHNICIAN TRAINING _____

COURSE 203 – BAT/EBT TRAIN THE TRAINER _____

COURSE 302 – EBT TECHNICIAN TRAINING _____

COURSE 303 – EBT TRAIN THE TRAINER _____

** TRAINING VIA VIDEO CONFERENCING _____

1 DAY BAT REFRESHER TRAINING _____

COURSE 402 – SALIVA TECHNICIAN TRAINING _____

COURSE 403 – SALIVA TRAIN THE TRAINER _____

COURSE 502 – DRUG/UDS COLLECTORS TECHNICIAN _____

COURSE 503 – DRUG/UDS COLLECTORS TRAINER _____

COURSE 600 – 1 DAY SPIROMETRY CERTIFICATION _____

1 DAY SPIROMETRY REFRESHER CERTIFICATION _____

** TRAINING VIA VIDEO CONFERENCING _____

PAYMENT INFORMATION

Total Amount \$ _____ 4% Surcharge \$ _____
 4% Surcharge on all credit card transactions will be added to your total!

- Purchase Order # _____
 Check # _____
 Master Card VISA Discover American Express

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-
 Account Number

_____/____/_____
 Exp. Date Name on card (please print)

 Cardholder's Signature