



## CME Class Registration

Please call us at 877-316-7748 or email us at [info@sleepcaresolutions.com](mailto:info@sleepcaresolutions.com) for upcoming class dates in your area.

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Course Fee is \$250.00

Credit Card Type:            M/C                    VISA                    American Express

CC # \_\_\_\_\_ Exp. \_\_\_\_\_ CCID \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Address card billed at: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**WHEN COMPLETE PLEASE FAX THIS FORM TO 877-316-7749**