



101 Old Stone Bridge  
 Goodlettsville, TN 37072  
 Phone: 800-624-3994  
 Fax: 615-851-8213

## Technical Training Registration

ReMedPar limits class sizes to maximize opportunity for hands-on training. We accept enrollments on a first-come, first-served basis, based on when we receive your registration fee.

- **Please note it is the responsibility of the student/customer to provide his/her own personal radiation monitoring badge.**
- **Student is responsible for lodging, meals and car rental cost.**
- **All classes run from 8 AM – 5 PM Monday through Friday unless otherwise specified by the instructor.**

### Cancellation Policy

Absolutely no credits, transfers of tuition, or refunds will be issued for cancellations received after three weeks or 15 working days (whichever is greater) prior to course start date. ReMedPar reserves the right to postpone or cancel a training session in the event that the class does not meet minimum enrollment at registration deadline.

### Payment and Discounts

*We may reserve space with a purchase order initially, however payment for all training is due 3 weeks or 15 working days (whichever is greater) prior to course start date.* We accept company check (Domestic U.S. only) or credit card. All other arrangements must be authorized by ReMedPar's Accounting Department. Any discounts must be stated on enrollment form at the time of registration. A discount for multiple registrations is available; however, it cannot be used in conjunction with any other discount program.

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| Student Name | Student Cell Phone | Course Name | Tuition Price | Date  |
|--------------|--------------------|-------------|---------------|-------|
| _____        | _____              | _____       | _____         | _____ |
| _____        | _____              | _____       | _____         | _____ |

**Purchase Order #** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Authorized by:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Authorized Signature (required):** \_\_\_\_\_