



Training Seminar Registration Form

Registration Fee: \$100 per Person + \$45 for training manual

Training Location: _____ Date: _____

Employer: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: (____) _____ Fax: (____) _____

Attendants:

Name: _____

Email Address: _____ Title: _____

Name: _____

Email Address: _____ Title: _____

Name: _____

Email Address: _____ Title: _____

*Checks to be made payable to Medi-Cal Consulting Services, Inc
For your convenience Visa and MasterCard accepted, with following billing
information:*

Card Number: _____ Expiration Date (mm/yy) _____

Billing Address: _____

Billing Zip Code: _____ Total Amount: _____

CVC2 (3 digit number on the back of the credit card): _____

Registration can be faxed to (951)789-0064 or
Mailed to 387 Magnolia Avenue 103-336, Corona CA 92879-3307
For more information please contact (951)789-0065