

# CISR Registration Form

## IIABSC Seminar Education Registration Form (Registration Fee—\$160.00)

\*Course: \_\_\_\_\_

Course Date: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Designations: \_\_\_\_\_

Badge Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\*\*\*Both Required: DOI License # \_\_\_\_\_ NPN: \_\_\_\_\_

Agency/Company : \_\_\_\_\_

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

Agency Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*First CISR Class: YES \_\_\_\_\_ NO \_\_\_\_\_ \*I will be taking the exam: YES \_\_\_\_\_ NO \_\_\_\_\_  
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**Remit Form and Payment TO:  
IIABSC, 800 Gracern Road, Columbia, SC 29210  
FAX: 803-726-0459  
PHONE: (803) 731-9460**

METHOD of PAYMENT: Check # \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ Amount submitted:\$ \_\_\_\_\_

If paying by credit card, please complete the information below:

Card Number:                      CCVV code : \_\_\_\_\_ (go to [www.iiabsc.com/secure](http://www.iiabsc.com/secure))

Credit Card Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name of Cardholder: \_\_\_\_\_

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

Signature of Cardholder: \_\_\_\_\_

### DUPLICATE FORM AS NEEDED

**PLEASE NOTE:** Class size may be limited. Space in class is **NOT** reserved until **FULL** payment is received.  
**CANCELLATION POLICY:** (Non-CIC): No refund for cancellation within 5 business days of a class. If changes are made within 30 days of a class, a \$30 processing fee will be charged. IIABSC gladly complies with Title III of the ADA.

Visit [www.iiabsc.com](http://www.iiabsc.com) – Education Link for more information on other courses and programs.