

Global Sleep Institute
1580 E. Washington Street, Suite #107
Petaluma, CA 94954-3679
1-866-369-2553 (TF); 1-866-433-3961 (F)

REGISTRATION FORM

(Please Print)

STUDENT INFORMATION						
Last name:		First:		Title (M.D., D.O., RRT, RPSGT, Other):		
Name of Institution:						
Street address:			Contact no.:		Home phone no.:	
			()		()	
City:		State:		ZIP Code:		
Occupation:		Employer:			Employer phone no.:	
					()	
Chose us because (Please check one box):			<input type="checkbox"/> Website	<input type="checkbox"/> Former Student: _____	<input type="checkbox"/> Friend <input type="checkbox"/> Colleague	

COURSE INFORMATION					
Course Date:					
Course Price:		Course Location (choose one):			
\$		<input type="checkbox"/> Petaluma, CA <input type="checkbox"/> Dallas, TX <input type="checkbox"/> Boise, ID <input type="checkbox"/> Other (please specify): _____			
<input type="checkbox"/> 2 Day Scoring Course \$1000.00	<input type="checkbox"/> 3 Day Introduction to Polysomnographic Technology Course \$1500.00		<input type="checkbox"/> 3 Day Physician Interpretation Course \$1500.00	<input type="checkbox"/> 80 hour (2 week) A-Step Program \$3000.00	

METHOD OF PAYMENT					
Name as it appears on credit card:					
<input type="checkbox"/> Check Payable to Global Sleep Institute	<input type="checkbox"/> MC	<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	NOTE: MC/Visa, the CV2 # is the 3-digit number on the back of your card on AMEX it is the 4-digit number on the front of the card
Credit Card Number: _____ - _____ - _____			Expires: ____/____ CV2# _____		

The above information is true to the best of my knowledge. I authorize my credit card be charged for the amount indicated above.

_____ *Student signature* _____ *Date*