

# Workshop Registration



To register for an NRTC workshop, please complete this form and mail with payment to the National Respiratory Training Center at PO Box 5468, Suffolk, VA 23435 or send via fax to 757.668.6417. For more information contact 757.668.6455 or 757.483.4130 or send an email to [info@nrtc-usa.org](mailto:info@nrtc-usa.org).

Check here to be added to our mail list

\_\_\_\_\_  
Ms./Mrs/Dr First Name Last name Credentials Date of birth

## HOME ADDRESS

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Phone Cell Fax Home email address  
 Preferred email

## WORK ADDRESS

\_\_\_\_\_  
Company Job Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Phone Fax Work email address  
 Preferred email

## HOW DID YOU HEAR ABOUT THIS WORKSHOP?

Colleague  Publication \_\_\_\_\_  
 Website  Conference \_\_\_\_\_  
 Industry representative  Other \_\_\_\_\_

## REGISTRATION Please note that payment is required to confirm registration.

\_\_\_\_\_  
Workshop Name Workshop# Date City/State Participant cost \$

**PAYMENT** Payment may be made by check, money order, or credit card via Pay Pal. Please note that Pay Pal charges credit card users a service fee of 3.3%.

Check or money order enclosed  Company will pay  Check will arrive on \_\_\_\_/\_\_\_\_/\_\_\_\_

Credit Card payment (via Pay Pal.) To process payment using Pay Pal, please provide your email address above and contact the office to initiate the billing process. Pay Pal will send you an email with instructions to process payment. **(Please do not provide credit card information on this form.)**

**Refunds:** A full refund, less a \$15 administrative fee, will be given up to 7 days prior to the workshop. No refunds will be given within 7 days of the workshop. Tuition may be transferred to another participant.

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

\_\_\_\_\_  
Date

**NATIONAL RESPIRATORY TRAINING CENTER**

[www.nrtc-usa.org](http://www.nrtc-usa.org)