

**PERSONAL INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

Licenses, credentials, etc. \_\_\_\_\_

**REGISTRATION FEES**

*(Registration fees include CPR certification and all classroom materials.)*

Introduction to Polysomnography \$2,500.00 \_\_\_\_\_

**PAYMENT**

Check or money order enclosed (made payable to Lifeline Centers for Sleep Disorders)\*\*

Credit Card

Visa

Mastercard

Discover

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Authorization to charge

    Deposit \$500.00

    Entire Fee \$2,500.00

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*By signing, I authorize my credit card to be charged as indicated above, either the deposit amount\* or the entire fee.*

*\*By authorizing the deposit amount, unless otherwise indicated, the remaining balance will be charged in two equal installments of \$1000.00 each.*

*\*\*If the deposit amount is being paid, payment in full is due by the end of the class.*