

TECHINICAL TRAINING SEMINAR  
REGISTRATION FORM

Name:

Hospital:

Employer:

Address:

City:

State:

Zip:

E-mail:

Phone:

Fax:

P.O. Number:

Please call if paying by credit card.

Best way to contact you:

E-mail

Phone

Fax

Fax to (734) 429-3197 or e-mail to [amasseur@paragon-service.com](mailto:amasseur@paragon-service.com)

Note: This registration form does not guarantee class placement. Classes are on a first come, first serve basis. Enrolled students who cannot attend the registered class must contact us in writing at least fourteen (14) days prior to the class or they will forfeit any paid tuition.