Simplifying healthcare with technology.

Order Form

Personal Information (Please print clearly)

Customer Number (for returning customers): _____

Name: _____

Address (no PO box): _____

_____

City:_____ State/Country: _____ Zip: _____

Work phone: _____

Home phone: _____

Company: _____

Email: _____

(Valid email address required for purchase)

Fax: _____

Call 1-800-508-2582 for Customer Service

Payment Information ❑ Auto Renew

❑ Visa ❑ MasterCard

❑ Discover ❑ American Express

Credit card #: _____

Expiration date:____ / ____ (MM/YY)

Signature: _____

Print cardholder's name: _____

_____

Billing address: _____

_____

❑ Company check or money order enclosed

(Please make checks payable to: **The Coding Institute***)*

Promo/Offer Code if available (ex: EMAK2674): _____

Item Description	Price	Qty	Total
TOTAL:			

Shipping and Handling

No. of items	Fees
1	$12.95
2-4	$17.95
5-7	$21.95
8-10	$36.95
11+	Call

Discount _____

(See chart on the left) Shipping & handling charges _____

All foreign orders, please call for shipping costs

Subtotal _____

NOTE: *Have you included a* ***valid email address*** *on this order form? We will send the payment receipt on your email id. We cannot process your order without a valid email address. We cannot be held liable for errors due to invalid email addresses or spam filters. Please add service@codinginstitute.com to your address book.*

Thank you.

Please check the accuracy of the above information and send the completed registration form, with payment, to the address below.

Thank you.

Fax completed form to **800-508-2592**
Or mail to
The Coding Institute, LLC
2222 Sedwick Drive
Durham, NC 27713

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