

# San Marcos Healthcare Learning Center

333 S. Juniper street Escondido, CA 92025

Tel. no (760) 870-1290

www.nclexpasser.com

## Class Registration

I hereby intend to attend the following class session listed below and agree to pay the corresponding fee upon registration for the session schedule. I have read and understand the cancellation and refund policy stated at the bottom of this form.

COURSE	IV THERAPY and BLOOD WITHDRAWAL CERTIFICATION COURSE
DATE/S	
Start TIME	9 am
PLACE	Conference room (suite 109) 333 S. Juniper street Escondido, CA 92025
COST	\$195.00
<b>Theory component is delivered through on-line study and must be completed prior to class schedule. Class day includes successful venipunctures on fellow students.</b>  Your username, password and instructions on how to complete the on-line coursework will be sent to your registered e-mail address within 24 hours of payment confirmation  Please <a href="#">contact us</a> if do not receive your username and password	

*Registration forms and payments must be received no later than two weeks prior to the class date..*

Home study course module will be sent through e-mail once registration forms are received.

Make all checks payable to: San Marcos Healthcare Learning Center and mail it to:

San Marcos Healthcare Learning Center  
333 South Juniper Street  
Escondido, CA 92025

**Refund and Cancellation policy:** You may cancel your registration from the class session provided a written notice of cancellation is received at least 7 business days prior to the scheduled session. A processing fee of \$ 50.00 shall be assessed for every class cancelled. No refund for cancellations less than 7 business days. Classes are subject to cancellation if no enough enrollments. Students will be notified 5 days prior to the class date and money will be refunded in full.

Legal name: \_\_\_\_\_

Address: \_\_\_\_\_

License no.: \_\_\_\_\_ Expiration: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_