Enrollment Form

Course	AAPC Member	Course + AAPC Membership	Nonmember
Medical Terminology	__ $395	__ $465	__ $520
Anatomy	__ $395	__ $465	__ $520
Medical Billing & Reimbursement	__ $1,195	__ $1,265	__ $1,495
CPC® Preparation	__ $1,195	__ $1,265	__ $1,495
CPC-H® Preparation	__ $1,195	__ $1,265	__ $1,495

Personal Information (This is where information will be sent. No post office boxes are allowed.)

Please send information and course materials to the shipping address below: __ Home __ Work

Name: _____
(Last) (First) (Middle)

Shipping Address: _____

City / State / Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Work Phone: _____ Fax: _____

Payment Options

__ Company Check / Money Order Enclosed (personal check not accepted)

__ Credit Card: __Visa __ MasterCard __ Discover __ American Express

Credit Card Number: _____ Expiration Date: _____ Amount: $_____

Signature: _____

Name as it Appears on the Credit Card:_____

Billing Address: _____

_____

www.aapc.com
2480 S. 3850 W. Ste B, SLC, UT 84120
Phone: 800.626.2633
Fax: 801.236.2258

Submit Form