

# REGISTRATION

Please complete the following and fax to 309-836-2455.

**Medical Coding  
for Optometry:  
*Start to Finish***

Date of Seminar \_\_\_\_\_  
Seminar Location \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_

**Course Fee:**

\$295.00 1st doctor or assistant • \$245 each additional person  
Please submit on same registration form for discount.

Names:

1st \_\_\_\_\_ @ \$295  
2nd \_\_\_\_\_ @ \$245  
3rd \_\_\_\_\_ @ \$245  
4th \_\_\_\_\_ @ \$245

Total \$ \_\_\_\_\_

Same day registration is an additional \$25  
Credit Card or Check Accepted

Visa       Mastercard      Exp. Date \_\_\_\_\_  
 Discover      Security Code \_\_\_\_\_

Card # \_\_\_\_\_

Signature \_\_\_\_\_

**Fax credit card registration to: 309-836-2455**

**Mail check payable to:**

Optometric Billing Consultants  
P.O. Box 465 • Macomb, IL 61455

- or -

Register online at  
[www.ClaimDoctor.net](http://www.ClaimDoctor.net)

If you have any questions, please call 309-836-2456,  
309-333-6344, or email [drvision@macomb.com](mailto:drvision@macomb.com)  
For more dates and information, visit [www.ClaimDoctor.net](http://www.ClaimDoctor.net)