



Coaching - Credentialing - Concierge
 Dr Amy Wood DC MCS-P, CPCO Renee Cochran MCS-P, CPB

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Email: reneecochran@c3-plus.com Website: c3-plus.com

12 Hours CEU Course: Medicare Do's and Don'ts + 4 Board Hours

Class Date You Are Registering For: _____

Friday: 2:00pm - 6:00pm for the 4 Board Hours

Saturday: 8:30am - 5:30pm with a 1 hour lunch break

Location: Online

Instructor: Amy Wood DC, MCS-P, CPCO

Cost:

- \$.00 for each DC 12 hours. This includes CEU payment.
- \$.00 for each additional Non-DC staff member (Must attend with DC)
- \$.00 for each DC Medicare Do's and Don'ts only. This includes CEU payment.
- \$150.00 for each DC 4 Board Hours only. This includes CEU payment.
- \$1 .00 for Non-DC staff member both days w/out DC.
- \$1 .00 for Non-DC staff member for one day of choice w/out DC.
- \$125.00 for DC students (No CE Hours)

_____ DC 12 Hours (Medicare Do's and Dont + 4 Board Hours)	# attending _____ x \$2 .00 = _____
_____ Staff Member Attending With DC. Both Days	# attending _____ x \$.00 = _____
_____ DC 8 Hours (Medicare Do's and Don'ts only)	# attending _____ x \$.00 = _____
_____ DC 4 Board Hours Only	# attending _____ x \$150.00 = _____
_____ Staff Member Attending W/Out DC Both Days	# attending _____ x \$1 .00 = _____
_____ Staff Member Attending W/Out DC One Day Of Choice	# attending _____ x \$1 .00 = _____
_____ Student	# attending _____ x \$125.00 = _____

Method of payment: Venmo(@c3-plus)_____ Check_____ Credit Card (4% fee)_____

If paying by check, payment must be received before the scheduled class. If payment is not received within 2 days of the class, we will contact you and another form of payment will be required.

Please mail your check to: C3 Plus 7388 CR 1144 Leonard, TX 75452

Credit Card Info: Number _____ Exp _____ CV _____ Zip Code: _____

Authorized Signature: _____ Date: _____

Provider Information:

Please write legibly to help us avoid any administrative mistakes.

Name: _____ Tx License #: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email _____

Name: _____ Tx License #: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email _____

Name: _____ Tx License #: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email _____

Name: _____ Tx License #: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email _____

Staff Information:

Name: _____ Position: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email _____

Name: _____ Position: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email _____

Name: _____ Position: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email _____

Name: _____ Position: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email _____

If you have additional providers and/or staff and need more room, please provide their information on the back of this form.