



EXPRESS TRAINING SERVICES

"Getting your career on the right track"

Phlebotomy National Exam Prep Workshop

Name: _____
 First Middle Initial Last

Address: _____
 Number Street
 _____ _____ _____
 City St Zip

Birthdate: _____/_____/_____
 MM/DD/YYYY Phone #

Do you have a medical certification or licensure (i.e. CNA certification, any other medical certification or licensure)?
 Yes No (You **must** provide **proof** of current certification or licensure to take this course)

Cancellation and Refund Policy

Should student be terminated or cancel for any reason, all refunds will be made according to the following schedule:

1. Cancellation must be made in person or by mail
2. All monies will be refunded, with the exception of the \$100 registration fee, if the student cancels within three (3) business days after signing the Application Form and making initial full payment, providing the start date is more than three (3) business days away.
3. A deposit may be submitted to hold your seat. The deposit is non-refundable under any circumstances. Deposits must be via credit card, cash or money order. If a deposit is made, the balance of the money is due no later than the first workshop session. If the balance is not paid, a student may be removed from the workshop and forfeit the deposit.
4. All payments will be forfeited if the student does not provide proof of current medical certification or licensure by the first day of the scheduled workshop.

5. If student is late, all fees will be forfeited.

Fees

Individual fees:

___ Phlebotomy National Exam Prep Workshop \$ 800

Workshop starts on _____ at _____ am/pm

A certificate will be issued to each student who successfully completes the workshop and satisfies all requirements.

Notice to Student: Do not sign this contract before you read it, or if it contains any blank spaces. You will be provided an exact copy of the contract you sign. Keep it to protect your legal rights. This agreement constitutes a binding contract upon acceptance by Express Training Services, LLC.

 Student Signature Date

 Parent/Guardian Signature if Student is under 18 years old Date

 Accepted by Express Training Services, LLC official Date

Mail or bring by completed application, with payment, to:
 Express Training Services, LLC
 3911 Newberry Road, Suite B
 Gainesville, FL 32607

Please include cashier's check, money order, or credit card number/expiration date if mailing application. **Do not mail cash!** You will not be registered until full payment is received. Please call us at 352-338-1193 if you have any questions.

We do not accept personal checks!