



**Privacy and Security Regulatory Compliance Instructor-Led Training Program
Registration Form**

Date of training _____ Training city _____

Name: _____

Job Title: _____ Dept: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ ext. _____ Fax: _____





Email: _____

I have been working with: Rainey Johnson Lorna Waggoner Online

Item	Unit Price	Qty	Subtotal
CHP & CSCS™ (HIPAA Privacy and Security Regulatory Compliance Training) Includes Manual (a \$460 value!)	\$2850		
CHP (HIPAA Privacy) Includes Manual (a \$325 value!)	\$1650		
CSCS™ (Security Regulatory Compliance Training) Includes Manual (a \$325 value!)	\$1650		
CHP and CSCS™ exams	\$990		
CHP exam	\$495		
CSCS™ exam	\$495		
Other			
Other			
Shipping and Handling (Ground Shipping \$9)			
Total Amount			

Make Checks payable to **ecfirst.com**. Payment must be received before the start of the training.

Payment Methods:

Check Money Order    

Card Number: _____ Exp Date: _____

Signature: _____ Date: _____

Name on the Card: _____

Address: _____

City _____ State: _____ Zip: _____

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