



BNN MEDICAL CODING COURSE ENROLLMENT FORM

Create a user name (*email address recommended*) _____

First name _____ Last name _____

E-mail _____ Phone number _____

Company/Practice name _____

Street address _____

City _____ State _____ Zip _____

AAPC member ID (*if not a member enter N/A and add \$80 to total payment*) _____

Specialty _____ Department _____

Job title/Credentials _____

Home street address _____

City _____ State _____ Zip _____

Cell phone _____ Work phone _____

Yes, please sign me up for the BNN Healthcare Record newsletter

PLEASE COMPLETE PAYMENT INFORMATION ON SECOND PAGE.



PLEASE SELECT REGISTRATION

- CPC course, textbook and exam fee \$1,450
- AAPC membership *(membership required for course)* \$90
- Decline membership *(I'm already an active member)* -
- I would like BNN to order and ship code books to my: \$260
 - Company/Practice address Home address
- Decline code books *(I already have them or will purchase on my own)* -

Amount Enclosed \$ _____

PAYMENT TYPE

Business check/Money order/Cashier's check payable to **Baker Newman Noyes** *(memo: CPC course for insert name), **print form and mail with check***

Credit card

Name as it appears on credit card _____

Visa MasterCard

Card number _____

Expiration date _____

Signature authorizing payment _____

Please return registration form and payment to:

Baker Newman Noyes, Attn: Santa Allaire, 280 Fore Street, Portland, Maine 04101-4177

Ph. 207.879.2100 | Fx. 207.774.1793

Email: sallaire@bnn CPA.com