

# • 2018-2019 BOARD REVIEW COURSE REGISTRATION •

Print, complete and mail this form with check payable to BLCommunications  
c/o Review Course Registration • BLCommunications • P.O. Box 63912 • Philadelphia PA 19147-7779

First, Middle, Last Names (please print) \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

E-Mail (please print clearly) \_\_\_\_\_

## PER PERSON LICENSE FEE STRUCTURE

### IMPORTANT NOTICES:

- 1- To qualify for the posted discount, the number of stated members in the study group must be registered for this course. Groups may be composed of Students, Trainees, etc and regular registrants. Password access will not be distributed until all members of the group are registered.
- 2- The Honor Code Statements must be checked and signed.
- 3- User ID and Passwords are valid for nine months from date access is emailed.

**The following rates are valid if postmarked by 1/31/19**

Individual Registration .....\$995

Group Registration, Groups of 2 - 5/ each registrant.....\$950

Group Registration, Groups of 6 or more/ each registrant .....\$900

Previous registrants within 5 years may apply for a re-enrollment discount. Contact Audrey@BLCommunications.us

Processing Fees for NSGC-approved Category 1 Continuing Education Unit .....add \$25  
*CEUs are applicable for Board Certified Genetic Counselors, only. Contact ABGC for exceptions.*

TOTAL Amount Enclosed.....\$ \_\_\_\_\_

Payment is accepted by check or money order in US funds, only. Please do not submit cash.

Study Group Member Names & Zip Codes

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**HONOR CODE: You are required to print, sign and date this pledge to complete your registration.**

I agree to not divulge my private, personalized password access to this course, without exception.

I pledge that my study group information is accurate as required to obtain the posted discount.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_