

• **2019-2020 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 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 1/31/2021

Individual Registration	\$995
Group Registration, Groups of 2 - 5/ each registrant.....	\$950
Group Registration, Groups of 6 or more/ each registrant	\$900

Previous registrants who have taken this Course within 5 years may apply for a re-enrollment discount. Contact Audrey@BLCommunications.us

Processing Fees for NSGC-approved Category 1 Continuing Education Unitadd \$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	Study Group Member Names & Zip Codes
_____	_____
_____	_____
_____	_____
_____	_____

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: _____