



Email completed Training Enrollment Form to [rhonda.rippy@philips.com](mailto:rhonda.rippy@philips.com)

<b>Student and Course Information</b>	Date: _____
Student Name: _____	
Student E-mail and Cell: _____	
Organization: _____	
Address: _____	
Supervisor's Name: _____	
Supervisor's Email and Phone: _____	

<b>Course and Payment Information</b>	<b>Pricing:</b> Basic, Ultrasound: \$2495; Portables, Bone Density and Carm \$2995; 1 Week Xray \$3995; 2 week xray \$5995; CT, &MRI- \$6995; Mammo \$7995
Choose an item.	
Course Name: (select from drop down menu) Choose an item.	
Course Start Date: Click here to enter a date.    Course End Date: Click here to enter a date.	
**Does student have basic training in the modality requesting training? ____ Yes or ____ No	
Tuition Amount: \$ _____	
PO Number: _____	
Credit Card: I authorize AllPartsMedical to charge my (please mark one): <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	
Credit Card Number: _____	Exp Date: _____
CVV Code: <input type="text"/>	_____
Billing Address: _____	

Food preferences-Vegan/gluten free/Etc: \_\_\_\_\_

<b>Hotel and APM Facility Information-</b>
<b>*Student is responsible for all travel arrangements. Tuition is for training only. *</b>
<b>AllParts Medical Address:400 Brick Church Park Drive, Nashville, TN 37207 • P: 866-507-4793 • F: 615-690-5055</b>

**Customer Cancellation Policy** There will be no credit issued, transfers of tuition, or refunds for customer cancellations received two weeks prior to course start date.

**APM Cancellation Policy:** AllParts Medical reserves the right to postpone or cancel a training course should the class not meet minimum enrollment at registration deadline. All course dates, locations, and tuition are subject to change without notice. No travel or hotel reservations should be made until the student receives a formal training confirmation email. Please call for most current information