



School of PACS Administration ■ Course Registration

Please complete legibly

Contact Name:	First	M.I.	Last
Position/Title:			
Institution/Company:			
Address 1:			
Address 2:			
City:			
State/Province:			
Zip/Postal Code:			
Phone 1 : Include a/c or country/city code	()		
Phone 2 : Check if mobile <input type="checkbox"/>	()		
Fax:	()		
Email Address: All follow-on correspondence is by e-mail			

Payment Method:

Invoice me for the registration fee. My billing information is:

● Purchase Order Number: _____

● Send invoice to the Attention of: _____

Fax or e-mail a copy of the PO with this form.

Check enclosed for the total amount of

\$ _____

(SG&A, Inc. F.I.N. is 75-2910530)

E-mail completed Registration Form to: ctallant@sgaconsulting.net

or **Fax** to: 817-277-4118

or **Mail** to: Ms. Cheryl Tallant ■ SG&A School of PACS Administration
1701 E. Lamar Blvd. ■ Suite 175 ■ Arlington, TX 76006 ■ USA

For questions regarding the program, or for additional information please call (817) 277-2558, or contact the Registrar directly by e-mail: info@sgaconsulting.net We recommend early registration- class size is limited. Registration is not complete until tuition payment is received. If unable to attend, avoid 50% service fee by **cancelling in writing not less than 2 weeks prior to the start date of the class.**
Thank you.