



P.O. Box 1385 Aptos, CA 95001 phone:(831) 970-0440 fax: (831) 350-6036 register@norcalmedtac.com

### Course and Store Order Form

Name (Last, First, MI):

Mailing Address:

City/State:

Zip:

Phone Number:

Email:

Billing Address (if different):

City/State:

Zip:

Quantity and Size	Course or Item	Date of course	Line total
XXXXXXXXXXXXXXXXXXXX	XX	Order Total	

\*\*\*\*\*All store items include shipping in cost\*\*\*\*\*

Payment information (circle one): Cash                      Check                      M.O.                      Credit Card

Type of Card (sorry no AMEX): Visa                      M/C                      Discover

Card Number: \_\_\_\_\_ exp: \_\_\_\_\_ sec code on back: \_\_\_\_\_

**Payment and Refund Policy:** We do not accept deposits at this time unless by special arrangements. All payments are required in full. If a cancellation is received prior to two weeks before course then a full refund will be issued. If cancellation is received less than two weeks before course, then only a Fifty percent (50%) refund will be issued.

By signing you agree to processing of payment and the "Payment and Refund Policy".

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

\*\*\*\*\*Please email to [register@norcalmedtac.com](mailto:register@norcalmedtac.com) or fax to (831)350-6036 or mail to P.O. Box 1385 Aptos, CA 9500\*\*\*\*\*

\*\*If you are signing up for a course that has prerequisites please email training history along with this form to [register@norcalmedtac.com](mailto:register@norcalmedtac.com) \*\*