

PROGRAM ENROLLMENT FORM

Pharmacy Information

Pharmacy Name:

License Number:

Street Address:

City: State: Zip:

Phone Number: Fax Number:

Program Contact Person

Contact Name:

Title:

Phone Number: E-mail:

Number of Enrollments Purchased:

Employers have an opportunity to pre-purchase licenses to obtain bulk discounts. Pre-purchased licenses are valid 12 months from the date of purchase. When a pre-purchased license is activated, it is still valid for the full 12-month training period.

Number of Enrollments	Price Per Enrollee
1-10	\$185
11-20	\$165
21-30	\$145
31-50	\$125
51+	\$100

Method of Payment

<input type="checkbox"/> Check Enclosed	Check No. _____ Amount: _____ Date: _____
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Account No. _____ CVV Code: _____ Exp. Date: _____ Signature: _____

For Office Use Only

Amount Due:		Date of Purchase:	
Amount Paid:		Full Amount Paid? (Yes/No)	
Remaining Invoice Amount:		Invoice Date:	
Batch Number:		Invoice Number:	

For immediate enrollment, please fax this form to PSI at (517) 484-1605 or e-mail to Products@PSI.solutions.

All sales are final. Enrollments are not transferable.

Enrollee Information

First Name: Last Name:

Street Address:

City: State: Zip:

Phone Number: E-mail:

First Name: Last Name:

Street Address:

City: State: Zip:

Phone Number: E-mail:

First Name: Last Name:

Street Address:

City: State: Zip:

Phone Number: E-mail:

First Name: Last Name:

Street Address:

City: State: Zip:

Phone Number: E-mail:

First Name: Last Name:

Street Address:

City: State: Zip:

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