



Service Beyond Comparison

www.BremoRX.com

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32-hour course Medication Management Registration Form

PLEASE PRINT CLEARLY AND RETURN THE COMPLETED FORM BY MAIL OR FAX TO RICHMOND APOTHECARIES

Personal Information:

Name: _____ Date: _____

Social Security Number: _____

Personal Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Registration Information:

Event date: _____ Medication Administration Training Classes

_____ Medication Administration Testing Day

_____ Diabetes/Insulin Module Training and Testing

* Testing/Training may be rescheduled.

Billing Information:

\$250.00 registration fee includes attendance at all classes, testing sessions and a study workbook

Cash _____

Check _____

Credit Card _____

* Registration fee is non-refundable. Limit to 3 retests.