

Registration Form – Bremo Pharmacy Technician Preparatory Course

Name _____
Last First MI

Address _____

City _____ State _____ Zip Code _____

Home/Cell Phone _____

Email Address _____

Last 4 of SSN: XXX-XX- _____

How did you hear about this class? _____

CLASS DATES: (Select which class you will attend)

_____ **Class Starting January 14, 2021**

COST:

| | |
|-----------------|--|
| \$100.00 | Registration Fee (non-refundable) – required to reserve a seat in the class |
| \$475.00 | Tuition (includes instruction & handouts) |
| \$125.00 | Textbooks (non-refundable) |
| \$700.00 | Total |

_____ **Total amount paid today**

Payment Method: Check _____ (Payable to Bremo Pharmacy)

Cash _____

Charge card # _____

Exp. Date _____ 3-digit Security Code _____

Mail or fax registration form to:

Bremo Pharmacy
2002 Staples Mill Road
Henrico, VA 23230

Attn: Karen Nemetz, Training Scheduler
Phone: (804)285-8055 x 130 Fax (804)285-8059

- *Payment of your registration fee reserves your seat.*
- *Payment for the class is due **on or before** the first day of class*
- *If you must drop the class, tuition refund requests must be submitted **in writing** prior to the second week of class. **The registration fee is non-refundable.***

**IF EMAILING REGISTRATION, PLEASE SEND THROUGH <https://bremorx.com/contact/>