

Registration Form - Bremo Pharmacy Technician Preparatory Course

Name_					
	Last		First	MI	
Addres	SS				
City			State	Zip Code	-
Home/	Cell Phone)			
Email .	Address				
Last 4	of SSN:	XXX-XX			
How d	id you hear	about this clas	ss?		
COST	: \$100.00	Registration F		ble) – required to reserve a se	eat in the class
	\$475.00	· · · · · · · · · · · · · · · · · · ·	des instruction & ha	andouts)	
	\$125.00 \$700.00	Total	on-refundable)		
———Payme	_	amount paid d: Check Cash Charge card	(Payable to Brer		
		Charge card	Fxp. Date	3-digit Security Code	
Mail or fax registration form to: Bremo Pharmacy 2002 Staples Mill Road Henrico, VA 23230			Attn: Kare	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/