

Registration Inquiry Form

Please complete and mail form to:  
P.A.S.S. Ltd  
2936 Breezewood Ave., Suite 201  
Fayetteville, NC 28303  
**Please Print**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: \_\_\_\_\_

Business: \_\_\_\_\_

Cell: \_\_\_\_\_

Please indicate the services/courses you are interested in by *checking* the appropriate box:

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Administrative Training      | <input type="checkbox"/> Dental Administrative Training          |
| <input type="checkbox"/> Medical ICD/CPT Coding               | <input type="checkbox"/> Advanced Coding with Certification Exam |
| <input type="checkbox"/> Hospital/Physician Insurance Billing | <input type="checkbox"/> Medical Terminology (Online Course)     |
| <input type="checkbox"/> Medical Terminology                  | <input type="checkbox"/> Resume Preparation                      |
| <input type="checkbox"/> Medical Keyboarding                  | <input type="checkbox"/> Medical Transcription (Advanced)        |
| <input type="checkbox"/> Medical Transcription (Beginners)    |  |

What are your career goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Professional Administrative Services Simplified? \_\_\_\_\_

\_\_\_\_\_

Was the Website easy to use and did you find it useful? \_\_\_\_\_

\_\_\_\_\_

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