

Registration Form

National Rural Health Certified Medical Coder Boot Camp

No fee to attend!

Date: August 18-20, 2009

Time: 8:30 a.m. – 5:00 p.m.

Location: Shreveport, LA
Location TBD

1) Name: _____

Title: _____

Email: _____

2) Name: _____

Title: _____

Email: _____

3) Name: _____

Title: _____

Email: _____

Healthcare Organization _____

Address _____

City / State / Zip _____

Telephone # _____ Fax # _____ Email _____

Registrations may be faxed to (985) 369-3630 or mailed to the following address:

**Louisiana Rural Health Association
PO Box 387
Napoleonville, LA 70390**