

## 2010 Certified Venous Access Specialist Association Registration Form

*Fill out this form & return it with your payment to: CVAS, Attention: Registration Processing, P.O. Box 1301, Oakland, FL 34760*

Name	Email
Address	Cell
City	State
Zip	Phone

Select Program	<input checked="" type="checkbox"/>	On-time Fee	Late Fee	Walk-In Fee	I am Registering for the Following Workshop Location:
Phlebotomy Workshop	<input type="checkbox"/>	\$300	\$350	\$375	Workshop City: _____ State: _____  Workshop Date[mm/dd/year]: _____ ♦ Registration Fees (\$100) are already included in the listed Program Fee. Total Fees are listed. <b>Registration Fees are Non-Refundable, no exceptions.</b> <i>Notice!</i> CVAS does not provide/guarantee jobs. We provide CE Hours, Certification, & skill enhancement services only.  <b>*Make out all Checks/Money Orders to CVAS*</b>
Online Phlebotomy Exam	<input type="checkbox"/>	\$100	*	*	
IV Therapy Workshop	<input type="checkbox"/>	\$325	\$375	\$400	
IV Therapy Home Study Program	<input type="checkbox"/>	\$275	*	*	
Online IV Therapy Exam	<input type="checkbox"/>	\$100	*	*	
PICC Line Workshop	<input type="checkbox"/>	\$325	\$375	\$400	
Online OB Tech Exam	<input type="checkbox"/>	\$100	*	*	
OB Tech Home Study Program	<input type="checkbox"/>	\$600 Total <i>or</i> Option of 2 Payments of \$325. {First payment of \$325 due with Registration}			
Study Guide: Phlebotomy Exam	<input type="checkbox"/>	\$45 (CD-ROM)	::Office Use Only:: Registration Received On: _____ Amount: _____		
Study Guide: IV Therapy Exam	<input type="checkbox"/>	\$130 (Text Book)	IVHS/OBHS: *Balance Due: _____ *Due Date: _____ *HS Completion Due Date: _____		

**Online Exams:** You must submit verification of your qualifications before you will be granted access to your Exam. Study Guides are available for the Phlebotomy & IV Therapy Online Exams.

<p><b>Payment Information</b>                  *2-week Advance Registration is required. Full Program Fee is required with your Registration Form. **Returned Check Fee: \$25.</p> <p>Credit Cards: We accept Visa, MasterCard, Discover</p> <div style="text-align: center;"> </div>	<p style="text-align: center;"><b>Check, Money Order, Voucher Information</b></p> <p>Checks require: DoB: _____ ID/License# _____</p> <p style="text-align: center;">Amount Enclosed: \$ _____ Balance Due: \$ _____</p> <p><b>*For Office Use Only:</b> Check # _____ Auth# _____</p>
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Name on CC: \_\_\_\_\_ CC# \_\_\_\_\_ Exp[mm/yy]: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Terms & Conditions:** All Workshops require a 2-week advance registration (Registration Deadlines can be found online at [www.cvas.org](http://www.cvas.org) or call us). If you register after the deadline, a \$50 Late Fee will be charged, no exceptions. Participants who wish to cancel/transfer their registration must provide official written notification. CVAS does not accept cancellations/transfers by phone. Cancellations must be received by CVAS no later than 2 weeks prior to your original workshop date. Cancellations/transfers must include the participant's name, and Workshop name & date. A refund less the \$100 Registration Fee can be issued if the deadline has been met. Failure to notify will result in the forfeit of any obligation by CVAS. Failure to attend your Workshop results in the forfeit of the entire Workshop Fee. Late Registrations are not entitled to any refund. Transfers forfeit the right to a refund. Transfers must attend a Workshop within 6 months of their original Workshop date. After 6 months, your transfer is null and void, and you will be required to re-register and pay in full again. All Online Exams, Home Study Programs, Study Guides, Certifications, and program materials are non-refundable, non-returnable, no exceptions. The CVAS Phlebotomy Workshop/Online Exam shall not be used to obtain a California State Phlebotomy License. By submitting this form: **I confirm that I meet all of the medical background pre-requisites for the program for which I am registering, I am at least 18 years of age, and I fully understand and agree with the CVAS policies stated on this form. I understand noncompliance of any of these policies will forfeit any obligation by CVAS.**

⊗ Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**\*CVAS Staff Only:** Read Policy to Phone Registrant  Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m. Notes: \_\_\_\_\_

**::DO NOT MARK BELOW THIS LINE::INSTRUCTOR/OFFICE USE ONLY::**

**Paid in Full**  Yes  No :: Cash  M/O  Credit/Debit  Check  Walk-In  Amount Collected: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Instructor: \_\_\_\_\_