

L.A. TRANSLATION & INTERPRETATION, INC.

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**CEU COURSES REGISTRATION FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certification No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Courses:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CEU No. | Title | Date and time | Fee | IMIA CEU | Check here to register |
| 19-1109 | Orthopedics/Cardiology |  | $125 | 0.3 |  |
| 19-1110 | ENT and OB&GYN |  | $125 | 0.3 |  |
| 19-1112 | Psychiatrist and Psychologist |  | $125 | 0.3 |  |
| 19-1114 | Hospital Admissions |  | $125 | .03 |  |
| 19-1115 | Prescription/Urethritis |  | $125 | .03 |  |
| 19-1116 | Pediatrician/Lung Cancer |  | $125 | .03 |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |

**IMPORTANT INFORMATION – PLEASE READ CAREFULLY**

1. Registration should be completed in writing by a week before the class starts. (CALL US — SOME EXCEPTIONS MAY APPLY)

2. We reserve the right to close any class that does not have sufficient number of students registered. Registration fee will be refunded in full amount if a class is closed for under-enrollment.

3. Cancellation should be made at least 24 hours before and there is a cancellation charge of $30. No refund will be made for the cancellation within 24 hours, but a voucher will be issued for you to attend another session. The voucher is valid for 1 year.

By signing this registration, you acknowledge that you understand and agree to abide by the policies.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit