

# UW/AED Phlebotomy Class Registration Form for AED MEMBERS

Enclosed is my **\$75** (personal check ok) non-refundable deposit OR **\$290** full payment to secure seating in the Phlebotomy Technician class to be held on: **November** in room **HSB T-478**. I agree to pay any remaining balance on or before the beginning of the first day of class. Upon successful completion, MET Services will award me a Certificate at the end of class. *Deposit must be received at least 2 days prior to the class. Make check payable to UW-AED. Turn in all checks and completed registration forms to AED Office located at Husky Union Building (HUB) SB-018 (located in basement).*

Signature \_\_\_\_\_

Print Your Name [exactly as you wish it to appear on completion certificate]

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Profession/Major & Year in School \_\_\_\_\_

List Pre-Health organizations that you belong to:

Officer? Yes No (please circle one)

I heard about this class from (if publication, please specify name): Sherry Lee

[ ] I cannot attend either of these classes, but please keep me on your mailing list.

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## RECEIPT\*

MET SERVICES  
PO Box 41171  
Tucson, AZ 85717  
Telephone: 1-877-272-2566

DATE: \_\_\_\_\_

RECEIVED FROM \_\_\_\_\_ CITY: \_\_\_\_\_

THE SUM OF \$ \_\_\_\_\_ FOR PHLEBOTOMY TRAINING CLASS

INSTRUCTOR: \_\_\_\_\_

*\*You will receive this receipt when you come to class.*