



ACE Registration Form

ACE -Advanced Coding Education – ICD-10 Certification/Recertification Exam

Exam Registration Fee: \$199

MAIL or EMAIL YOUR REGISTRATION

Date taking Examination: _____

Please Choose One Option: Home Health Hospice

Sponsoring State Association: *CT Association for Health Care At Home* *Home Care Alliance MA*

RI Partnership for Home Care *Home Care Association of NH*

Other: _____

Registration Information

Agency: _____ Contact Person: _____

Contact Phone: _____ Contact Email: _____

Agency Address: _____

Attendee 1 Name: _____ Fee \$199

Attendee 1 Email: _____

Attendee 2 Name: _____ Fee \$199

Attendee 2 Email: _____

Payment/Cancellation Policy: Payment must be made in full. No cancellations – No refunds. Substitutions permitted. Registration expires 3 months after purchase.

Payment Information: Please make check payable to: JLU Health Record Systems. Credit cards accepted on line through website www.jluhealth.com – Products Store Tab

Total Payment Enclosed: \$ _____

Confirmation email will be sent to contact person & attendee(s) for all registrations.

JLU Health Record Systems
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