



Application for Thermography Recognition Training

| MODULE | Cost | Select |
|-------------------|---------------|---------------|
| BREAST | \$600 | |
| HEAD/NECK | \$500 | |
| VISCERA | \$400 | |
| MUSCULAR/SKELETAL | \$250 | |
| ALL MODULES | \$1500 | |
| TOTAL | | \$ |

Payment Method:

MasterCard
 VISA
 Check # _____

Name of Licensed Healthcare Provider: _____

License # _____ Email address _____

Credit Card # _____ Security Code ____ _

Expiration date ____ / ____

Billing Address _____

City, State, ZIP _____

Cardholder's Signature

Fax: 863-619-7525 or EM: infrared@tampabay.rr.com