

## Distance Learning Registration Form

Please complete this form and submit with your Payment

<b>Course Name</b>	
<b>Date</b>	
<b>Name</b>	
<b>Contact Address</b>	
<b>Cell Phone Number</b>	
<b>Business Number</b>	
<b>Graduate School</b>	
<b>Degree / year</b>	
<b>License by State</b>	
<b>Email Address</b>	
<b>Signature</b>	

<b>COURSE</b> Basic Course in Sexual Medicine	<b>FEE:</b> 45.00 USD
Patient educational handouts (optional) Please add 19.00	
<b>Total payment included</b>	

**Please Mail this completed and signed registration form with payment (CERTIFIED check or MONEY order IN US FUNDS) to:**

**Southern California Center for Sexual Health and  
Survivorship Medicine  
PO BOX 2718  
Newport Beach CA 92659**

**If you prefer to pay by credit card.**

**Please call 949-764-9300 during the hours from 9:00-  
4:30 pm PST.**

**If you prefer to email the registration form**

**Please complete the registration for and send it to  
[info@thesexualhealthcenter.com](mailto:info@thesexualhealthcenter.com). In your email,  
please include “Distance Learning *Registration*” in the  
subject matter. Please call 949-764-9300 if you wish to  
pay by credit cards.**

**Visa and Master card are the only credit cards that are  
currently acceptable. If you email your registration,  
you may also mail your payment the above stated  
address**

**We do NOT take American express, discover nor Diners  
card.**