



REGISTRATION FORM FOR  
NCLE LASER CERTIFICATION  
COURSE AND EXAMINATION  
(please make copies for additional registrants)

Fax to 1-423-279-7743

Or mail to:

Lifeline Medical, Inc.  
3061 Hwy 126, Suite 3  
Blountville, TN 37617

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

\_\_\_\_\_

Fax number \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

(you will receive email confirmation)