

## Yes, I wish to Apply

I wish to be considered for the above training program. I have enclosed a –refundable– check for five-hundred dollars (\$500.00) which will serve as an indication of my serious intent to complete this application for this program and to attend the program as outlined above in this letter. I understand if I am not accepted to the training program the full amount of the deposit will be refunded to me.

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(Please print)

Street Address: \_\_\_\_\_  
(Please print)

City: \_\_\_\_\_  
(Please print)

Zip Code: \_\_\_\_\_  
(Please print)

Phone: \_\_\_\_\_  
(Please print)

**Please mail this form and your refundable check to:**

**Hemodialysis, Inc.  
710 West Wilson Avenue  
Glendale, CA 91203-2409  
Telephone: (818) 500-8736  
Facsimile: (818) 500-9452  
Attention: Personnel Department**