



**NAMIBIAN ASSOCIATION OF MEDICAL AID FUNDS
CODING TRAINING REGISTRATION FORM**

By completing and submitting this form, you hereby confirm attendance to the coding training:

Applicant Name and Surname: _____

Fund / Company / Practice: _____

Postal Address: _____

E-Mail Address: _____

Contact Number: _____

Please indicate the coding training session you confirm to attend Virtually:

Basic ICD-10 training	<input type="checkbox"/>
Duration : 1 day training	
Cost per participant: N\$ 2,390.00	
Date: See on previous page	
Full Basic ICD-10 Coding on site	<input type="checkbox"/>
Duration : 2 day training	
Cost per participant: N\$ 6,851.05	
Date: See on previous page	
Basic Medical Practitioner Coding on site	<input type="checkbox"/>
Duration: 1 day training	
Cost per participant: N\$ 2,500.05	
Date: See on previous page	
Intermediate Basic Medical Coding	<input type="checkbox"/>
Duration : 1 day training	
Cost per participant: N\$ 3,800.05	
Date: See on previous page	
Case Management	<input type="checkbox"/>
Duration : 1 day training	
Cost per participant: N\$ 5,855.10	
Date: See on previous page	
Mode of Training: Onsite Training	
Kindly indicate the day that you would like to attend the training: _____	



NB: Kindly complete a form for each participant.

Cost and Payment of Training:

1. Please note that confirmation of attendance will only be done once payment has been received.
2. Payment must be received by the deadline date to confirm attendance.
3. Training cost include digital training material.
4. Each candidate who attends the training will receive a certificate.
5. A class require a minimum of 26 candidates for it to be presented.