



Registration Form

Please complete this registration form and return to Affiliated Computer Services, Inc. via fax or mail. The fax number is (907) 644-9845. The mailing address is:

Affiliated Computer Services
Attention: Training Unit
P.O. Box 240808
Anchorage, Alaska 99524-0808

Attendee Name: _____

Organization Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Alaska Medicaid Provider ID Number(s)/NPI: _____

Date	Time	Course Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Due to limited seating, we cannot guarantee a seat if you are not registered. If you are unable to access the ACS Website to obtain the registration information, please contact the provider trainers at (907) 644-6800 or (800) 770-5650 (toll-free in Alaska).