



A division of Raleigh Hand Rehabilitation, Inc.

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DUPLICATE CERTIFICATE REQUEST FORM

Participant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Fax: _____ Email: _____

Course Title: _____

Course Date: _____

Course Location: _____

Method of Payment for Duplicate Certificate charge of \$20.00:

Check payable to HandLab enclosed

MasterCard Visa Discover

Card # _____

Expiration Date _____

CVV2 (3 digit number on back of card) _____

Signature _____

Certificate delivery method: US mail Fax Email