

(SLPs Only) Do you have your CCCs (ASHA number is required below)? Y N

Have you evaluated, treated and discharged more than 50 patients using conventional dysphagia treatments? Y N

If you answered "NO" to either or both of the above questions, enrollment is not guaranteed. Please call CIAO before you register.

**DISCIPLINE/CREDENTIALS** \_\_\_\_\_ AOTA or ASHA # \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_ Do you file with ASHA? Y N

Would you like to be listed on the VitalStim Registry once you become a VitalStim Provider? Y N

The VitalStim Registry is a list of VitalStim Providers who have been awarded or renewed a specialty certificate in competency and safety within the last 3 years. This list will serve as a resource for patients, patient families, employers, Quality Assurance personnel and recruiters.

I WAS REFERRED TO  Brochure/Postcard/Flyer  Email  CIAO Website  Other Website \_\_\_\_\_  
 THIS COURSE BY:  Rehab Director  Co-Worker  Dealer \_\_\_\_\_

**ALL INFORMATION REQUIRED - PLEASE PRINT LEGIBLY**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE(H)** \_\_\_\_\_ **CELL** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

Must be the individual email of person being registered! CONFIRMATION WILL BE SENT TO THIS EMAIL ADDRESS. \*\*May need to check SPAM\*\*

**FACILITY** \_\_\_\_\_ **PARENT COMPANY\*** \_\_\_\_\_

**Facility Type:**  Acute  Inpatient  Long Term Care  
 Outpatient  Private Practice  School Based

(Please Circle)

**PRIMARY CASELOAD?** Adult Pediatric Both

**FACILITY ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE(W)** \_\_\_\_\_ **FAX(W)** \_\_\_\_\_

**Check ADULT or PEDS • Write in dates chosen for 14 day MBS window • Write in Course Selection (city/dates)**

MBS: The Clear Picture (Prerequisite course for VitalStim) <input type="checkbox"/> Adult <input type="checkbox"/> Peds	ONLINE COURSE Internet connection required.	MBS 2-week window (ADULT) begins every Friday. Check website for available windows for PEDS MBS. Renewal will not be processed without MBS window.	DATES OF WINDOW:
VitalStim Therapy Specialty Course <input type="checkbox"/> Adult <input type="checkbox"/> Peds	CITY:	DATES:	

PRICING	
VitalStim Therapy Specialty Program An ICE Accredited Assessment-Based Certificate Program.	
Standard (Register 1-9)	\$775 ea.
Small Group (10-24)	\$725 ea.
Large Group (25-99)	\$625 ea.
Super Group (100 +)	\$525 ea.
VitalStim Renewal	\$350 ea.
Check with your Rehab Director for group verification. Your PARENT COMPANY* may have an "established group rate". A PRN is not eligible for group rates.	
Subtract any of the following if applicable.	
VOUCHER: Voucher Amount \$ _____ CODE provided _____	\$10 RETURN CUSTOMER DISCOUNT (\$ _____)
<b>TOTAL DUE</b>	\$ _____

PAYMENT OPTIONS	
PAYMENT, PURCHASE ORDER, or a SIGNED LETTER OF GUARANTEE is due by on-site course date. Participant will not be admitted to course without one of these. Sample letter of Guarantee can be found at our website under FORMS/INFO tab and must be on company letterhead.	
•PURCHASE ORDER <input type="checkbox"/> PO # _____	
•CHECK <input type="checkbox"/> Personal <input type="checkbox"/> Facility/Company _____	Make check payable to: CIAO Remit to: CIAO 77 Bay Bridge Dr. Gulf Breeze, FL 32561 Accts. Payable contact information (name/fax #)
•CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
Card # _____ - _____ - _____ - _____	
Name on Card _____	Exp. Date: _____
Signature: _____	