

(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 \$ <input type="text"/>	(\$)
CODE provided _____	
TOTAL DUE	\$

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: _____	