

**ALL INFORMATION REQUIRED - PLEASE PRINT LEGIBLY**

<b>I WAS REFERRED TO THIS COURSE BY:</b>	Brochure/Postcard/Flyer	Email	Online Search	Other Website
	Rehab Director	Co-Worker	Dealer	Social Media

NAME \_\_\_\_\_ Returning Customer? **Y** **N**

ADDRESS \_\_\_\_\_

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

PHONE(H) \_\_\_\_\_ and/or 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 \_\_\_\_\_  
 Facility Type: **Acute** **InPatient** **Long Term**  
**Care Outpatient** **Private Practice** **School Based**

DISCIPLINE \_\_\_\_\_  
 ASHA # if applicable \_\_\_\_\_ Lic # \_\_\_\_\_

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

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

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

COURSE SELECTION									
NAME OF COURSE		CITY STATE			DATE(S)				
COURSE LISTING		EARLY PRICING			REGULAR PRICING				
<b>EARLY = Registration received 1 month in advance of course.</b>	LiveStream	GROUP 5+ Early	GROUP 2-4 Early	INDIVIDUAL Early	GROUP 5+ Regular	GROUP 2-4 Regular	INDIVIDUAL Regular	Student	AMOUNT DUE
Cognitive Rehabilitation: Effective Intervention	N/A	N/A	N/A	N/A	N/A	N/A	\$170	\$170	
Feeding and Swallowing in the NICU	\$280	\$320	\$335	\$350	\$350	\$375	\$395	\$250	
Kinesiology Taping Techniques for Swallowing Disorders	N/A	\$170	\$180	\$190	\$190	\$200	\$210	\$145	
Myofascial Release and Other Manual Techniques in Dysphagia Management (w/ Anatomy of Swallowing e-course)	N/A	\$320	\$340	\$360	\$360	\$380	\$420	\$250	
NICU Graduates and Their Transition Home	N/A	\$170	\$180	\$190	\$190	\$200	\$210	N/A	
TBI: The Visual Connection: Seeing the Whole Picture	\$170	N/A	N/A	N/A	N/A	N/A	\$170	N/A	
<b>Super Group = 10+ registrations</b>	<b>Large Group = 6-9 registrations</b>	<b>SUPER GROUP</b>	<b>LARGE GROUP</b>	<b>SMALL GROUP</b>	<b>INDIVIDUAL</b>	<b>STUDENT</b>			
<b>Small Group = 3-5 registrations</b>	<b>Individual = 1-2 registrations</b>								
Physical Agent Modalities for the Rehab Professional - Green Track 30hr		N/A	N/A	N/A	\$680	\$599			
Physical Agent Modalities - Blue Track - Baltimore 15hrs		\$420	\$445	\$470	\$495	N/A			

**PLEASE NOTE:**

PAYMENT, PURCHASE ORDER, or a SIGNED LETTER OF GUARANTEE is due by on-site course date. Participant will not be admitted to the course without one of these. Sample Letter of Guarantee can be found at website under FORMS/INFO tab and must be on company letterhead.

<b>SUBTOTAL:</b>		
Voucher Code:		Voucher Amt:
<b>TOTAL DUE:</b>		

**• CHECK**  
 Make checks payable to: **CIAO**  
**Personal** Please remit to: **CIAO**  
**Facility** **77 Bay Bridge Dr.**  
**Gulf Breeze, FL 32561**

\_\_\_\_\_  
 Accounts Payable contact information (name, fax #)

**• PURCHASE ORDER**  
 P.O. Number: \_\_\_\_\_  
 \_\_\_\_\_  
 Accounts Payable contact information (name, fax #)

**• CREDIT CARD** **VISA** **M/C** **AMEX** **DISCOVER**

\_\_\_\_\_

CVV: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

\_\_\_\_\_  
 Name on Card Signature

Complete policies for Cancellation/Payment Issues, Special Needs Requests and Liability Issues can be found at [www.ciaoseminars.com](http://www.ciaoseminars.com) under Forms/Info tab (FAQs).