

2019 CIAO Tour
CIAO Registration and Policies
 Keep a Copy for Your Records

REGISTER ONLINE at: www.ciaoseminars.com
 or **FAX** this registration to: **850-916-8885**
 Phone: 1-888-909-CIAO (2426)

ALL INFORMATION REQUIRED - PLEASE PRINT LEGIBLY

I WAS REFERRED TO THIS COURSE BY:	<input type="checkbox"/> Brochure/Postcard/Flyer	<input type="checkbox"/> Email	<input type="checkbox"/> Online Search	<input type="checkbox"/> Other Website
	<input type="checkbox"/> Rehab Director	<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Dealer	<input type="checkbox"/> 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 Care Outpatient InPatient Private Practice Long Term 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		- PRICING							
		GROUP 5+ Early	GROUP 2-4 Early	INDIVIDUAL Early	GROUP 5+ Regular	GROUP 2-4 Regular	INDIVIDUAL Regular	Student	AMOUNT DUE
EARLY = Registration received 1 month in advance of course.	LiveStream								
Feeding and Swallowing in the NICU	\$280	\$320	\$335	\$350	\$350	\$375	\$395	\$250	
Pediatric Feeding: Is it Skill or Will?	\$280	\$320	\$335	\$350	\$350	\$375	\$395	\$250	
Learn to Play the NDT Way	N/A	\$320	\$335	\$350	\$350	\$375	\$395	\$250	
Playing on Purpose: Evidence Based Sensory Strategies	\$175	\$170	\$180	\$190	\$190	\$200	\$210	\$145	
Myofascial (with Anatomy of Swallowing e-course)	N/A	\$320	\$340	\$360	\$360	\$380	\$420	\$250	
Super Group = 10+ registrations Small Group = 3-5 registrations	Large Group = 6-9 registrations Individual = 1-2 registrations	SUPER GROUP 10+	LARGE GROUP 6-9	SMALL GROUP 3-5	INDIVIDUAL STANDARD 1-2				
Physical Agent Modalities for the Rehab Professional - Green Track 30hr		\$590	\$620	\$650	\$680				

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.

SUBTOTAL:	
VOUCHER AMOUNT \$ _____ CODE: _____	\$10 Return Customer Discount (Live Courses only) <i>If applicable, subtract.</i>
TOTAL DUE:	

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

• PURCHASE ORDER
 P.O. Number: _____

 Accounts Payable contact information (name, fax #)

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

 Accounts Payable contact information (name, fax #)

• CREDIT CARD **VISA** **M/C**

 EXP. DATE: _____

 Name on Card Signature