

ALL INFORMATION REQUIRED - PLEASE PRINT LEGIBLY				
IWASREFERRED TO THIS COURSE BY:	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 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

EARLY = Registration received 1 month in advance of course.	GROUP 5+ Early	GROUP 2-4 Early	INDIVIDUAL Early	Group 5+ Regular	GROUP 2-4 Regular	INDIVIDUAL Regular	Student	AMOUNT DUE
	Building Social and Language Skills One Block at a Time	\$170	\$180	\$190	\$190	\$200	\$210	\$125
Dysphagia Therapy: The New Generation	\$280	\$300	\$320	\$320	\$340	\$360	\$250	
Feeding and Swallowing in the NICU	\$280	\$300	\$320	\$320	\$340	\$360	\$250	
Is it Skill or Will-Assessment and Treatment of Medical and Behavioral Pediatric Dysphagia	\$290	\$310	\$330	\$330	\$350	\$370	\$250	
Learn to Play the NDT Way	\$280	\$300	\$320	\$320	\$340	\$360	\$250	
M.B.C.T. Melodic Based Communication Therapy	\$170	\$180	\$190	\$190	\$200	\$210	\$125	
Myofascial (with Anatomy of Swallowing online)	\$280	\$300	\$320	\$320	\$340	\$360	\$250	
Visual Processing	\$170	\$180	\$190	\$190	\$200	\$210	\$125	
Super Group = 10 registrations Large Group = 6-10 registrations Small Group = 3-5 registrations Individual 1-2 registrations	SUPER GROUP	LARGE GROUP	SMALL GROUP	INDIVIDUAL STANDARD				
Physical Agent Modalities for the Rehab Professional - Blue Track 15hr	\$420	\$445	\$470	\$495				
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

If applicable, subtract:

VOUCHER AMOUNT
 \$ _____
 CODE: _____

\$10 Return Customer Discount
(Live Courses only)

()

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

Personal
Facility

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

Accounts Payable contact information (name, fax #)

• CREDIT CARD

VISA

M/C

_____ - _____ - _____ - _____

EXP. DATE: _____

 Name on Card

 Signature