

**ALL INFORMATION REQUIRED - PLEASE PRINT LEGIBLY**

|  |  |                                    |  |  |
|--|--|------------------------------------|--|--|
| <b>I WAS REFERRED TO THIS COURSE BY:</b> | <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<br>Small Group = 3-5 registrations      | Large Group = 6-9 registrations<br>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.

|                       |  |
|-----------------------|--|
| <b>SUBTOTAL:</b>      |  |
|                       |  |
| <b>VOUCHER AMOUNT</b> |  |
| \$ _____              |  |
| CODE: _____           |  |
| <b>TOTAL DUE:</b>     |  |

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).

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

**• CHECK**  
 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