

**2020 CIAO Studios - Live Stream**  
**CIAO Live Stream** Registration and Policies  
 Keep a Copy for Your Records

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

**ALL INFORMATION REQUIRED - PLEASE PRINT LEGIBLY**

<b>I WAS REFERRED TO THIS COURSE BY:</b>	Brochure/Postcard/Flyer Rehab Director	Email Co-Worker	Online Search Dealer	Other Social Media
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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 Outpatient	Inpatient Private Practice	Long Term Care School Based	DISCIPLINE _____
				ASHA # if applicable _____ Lic # _____

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

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

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

**COURSE SELECTION**

NAME OF COURSE	DATE(S)	PRICE	How will you attend?	
			LIVE STREAM	STUDIO AUDIENCE
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
		<b>SUBTOTAL:</b> \$		
<p><b>PLEASE NOTE:</b>            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.</p> <p><b>• PURCHASE ORDER</b>            P.O. Number: _____            _____            Accounts Payable contact info (name, fax #)</p>		Add Club CIAO: \$ 99 <i>(optional)</i>		
		Minus 25% \$ <i>(for Club CIAO Members)</i>		<b>(Club CIAO Members subtract 25% off all LiveStream Courses)</b>
		Voucher Amount: \$		Voucher Code: _____
		<b>TOTAL DUE:</b> \$		

<p><b>• CHECK</b> Make checks payable to: <b>CIAO</b>            Personal Please remit to: <b>CIAO</b>  <b>77 Bay Bridge Dr.</b>  <b>Gulf Breeze, FL 32561</b></p> <p>_____</p> <p>Accounts Pivable contact info (name, fax #)</p>	<p><b>• CREDIT CARD</b> VISA M/C AMEX DISCOVER</p> <p>_____ - _____ - _____ - _____</p> <p>CVV: _____ EXP. DATE: _____</p> <p>_____ Signature</p>			
	<p>_____ Name on Card</p>			

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).