

**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	
Taping Techniques for Swallowing Disorders	N/A	\$170	\$180	\$190	\$190	\$200	\$210	\$145	
Go With The Flow: Adaptive Yoga for Children with Neurological Differences	N/A	\$170	\$180	\$190	\$190	\$200	\$210	N/A	
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.

<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**  
 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