

(SLPs Only) Do you have your CCCs (ASHA number is required below)? Y N

Have you evaluated, treated and discharged more than 50 patients using conventional dysphagia treatments? Y N

If you answered "NO" to either or both of the above questions, enrollment is not guaranteed. Please call CIAO before you register.

DISCIPLINE/CREDENTIALS _____ AOTA or ASHA # ____/____/____/____/____/____/____/____ Do you file with ASHA? Y N

Would you like to be listed on the VitalStim Registry once you become a VitalStim Provider? Y N

The VitalStim Registry is a list of VitalStim Providers who have been awarded or renewed a specialty certificate in competency and safety within the last 3 years. This list will serve as a resource for patients, patient families, employers, Quality Assurance personnel and recruiters.

I WAS REFERRED TO THIS COURSE BY: ☐ Rehab Director ☐ Email ☐ Co-Worker ☐ CIAO Website ☐ Dealer Social Media ☐ Other Website _____

ALL INFORMATION REQUIRED - PLEASE PRINT LEGIBLY

NAME _____

ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____

PHONE(H) _____ **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 _____ **PARENT COMPANY*** _____

Facility Type: ☐ Acute ☐ Inpatient ☐ Long Term Care
☐ Outpatient ☐ Private Practice ☐ School Based

PRIMARY CASELOAD? ☐ Adult ☐ Pediatric ☐ Both Please Check



FACILITY ADDRESS _____

CITY _____ **ST** _____ **ZIP** _____

PHONE(W) _____ **FAX(W)** _____

Write in Course Selection (city/dates)

MBS: The Clear Picture (Prerequisite course for pediatric VitalStim) <input type="checkbox"/> Peds	ONLINE COURSE Internet connection required.	*MBS e-course begins on day of registration. *Renewals have option to retake MBS e-course.	Online course must be 100% complete before attending live 2-day course (1st timers only)
VitalStim/DINES Therapy Specialty Course Peds	CITY: _____	DATES: _____	

PRICING	PAYMENT OPTIONS
VitalStim Therapy Specialty Program - Pediatric An ICE Accredited Assessment-Based Certificate Program. Price (+60 days before course)..... \$795 Price (-60 days before course)..... \$825 VitalStim Renewal..... \$350 VitalStim Renewal (with MBS)..... \$400	PAYMENT, PURCHASE ORDER, or a SIGNED LETTER OF GUARANTEE is due by on-site course date. Participant will not be admitted to course without one of these. Sample letter of Guarantee can be found at our website under FORMS/INFO tab and must be on company letterhead. <hr/> •PURCHASE ORDER <input type="checkbox"/> PO # _____ <hr/> •CHECK <input type="checkbox"/> Personal <input type="checkbox"/> Facility/Company _____ Make check payable to: CIAO Seminars Remit to: CIAO Seminars 77 Bay Bridge Dr. Gulf Breeze, FL 32561 Accts. Payable contact information (name/fax #) _____
A PRN is not eligible for group rates. \$ _____ <hr/> Subtract any of the following if applicable. VOUCHER: Voucher Amount \$ _____ CODE provided _____ <hr/> TOTAL DUE \$ _____	<hr/> •CREDIT CARD VISA MC DISC Amex CVV: _____ Card # _____ - _____ - _____ - _____ Name on Card _____ Ex. Date: _____ Signature: _____ <hr/> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> PayPal  </div> <div style="text-align: center;"> Venmo  </div> </div>