

(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)
☐ 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

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

A PRN is not eligible for group rates.

\$

Subtract any of the following if applicable.

VOUCHER:

Voucher Amount \$

CODE provided _____

(\$)

TOTAL DUE

\$

PAYMENT OPTIONS

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.

•**PURCHASE ORDER** ☐ PO # _____

•**CHECK**

Make check payable to: CIAO Seminars
 Remit to: CIAO Seminars
 77 Bay Bridge Dr.
 Gulf Breeze, FL 32561

☐ **Personal**

☐ **Facility/Company** _____

Accts. Payable contact information (name/fax #)

•**CREDIT CARD** VISA MC DISC Amex CVV:

Card # _____ - _____ - _____ - _____

Name on Card _____ Exp & Zip: _____

Signature: _____

PayPal



Venmo

