

# VitalStim Therapy DINES Renewal E-Course

CIAO 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**

I WAS REFERRED TO THIS COURSE BY:	Email	Online Search	Other Website
	Co-Worker	Rehab Director	Social Media

NAME \_\_\_\_\_

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** **Inpatient** **Long Term Care**  
**Outpatient** **Private Practice** **School Based**

DISCIPLINE \_\_\_\_\_

ASHA # if applicable \_\_\_\_\_ Lic # \_\_\_\_\_

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

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

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

**VitalStim Therapy DINES Renewal E-Course**

	<b>Subtotal</b>	<b>\$ \$200</b>	
	Voucher Amount (if applicable):	\$	Voucher Code:
	Add Club CIAO (optional)	<b>\$99</b>	
	Minus 25% (For Club CIAO Members)		
	<b>TOTAL DUE:</b>	<b>\$</b>	

**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.

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

- VitalStim Therapy DINES Renewal Course participants must be VitalStim Providers.
- ANY VitalStim/DINES Provider can renew at ANY time.
- Completion of this renewal course will award or renew the VitalStim/DINES Specialty Certificate and list the Provider on the VitalStim/DINES Registry.
- The Specialty Certificate will be mailed to your home address. Please be sure to update your contact information, mailing address and facility information.
- Once VitalStim/DINES Renewal Course - Online is purchased, you have six months to begin the course. Once course has started, you have 30 days to complete.

**• CHECK** Make checks payable to: **CIAO**  
 Personal Please remit to: **CIAO**  
 Facility **77 Bay Bridge Dr.**  
**Gulf Breeze, FL 32561**

Accounts Payable contact info (name, fax #) \_\_\_\_\_


**• CREDIT CARD**      VISA      M/C      Amex      DISCOVER

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXP. DATE: \_\_\_\_\_ CVV Code: \_\_\_\_\_

\_\_\_\_\_ Name on Card      \_\_\_\_\_ Signature

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)

**• PayPal** 

**• Venmo** 