2022 CIAO Tour CIAO Registration and Policies Keep a Copy for Your Records

at www.ciaoseminars.com under Forms/Info tab (FAQs).

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

ALL INFORMATIO	ON REQUIRED - PLEASE PI	RINT LEGIBLY	,									
	chure/Postc	ard/Flye	Email			Online Search		Other Website				
COURSE BY: Rehab Director				Co-Worker			Dealer	S	Social Media			
NAME								Retu	rning Cust	omer? \	(N	
ADDRESS												
							ST	ZIP				
PHONE(H)				_and/or CELL								
EMAIL ADDRESS												
	vidual email of person be	ing registere	d! CONFI	RMATIONWILI	BESENTT	OTHIS EMAI	LADDRESS. **	Mayneed	to check SF	PAM*		
FACILITY					_							
Facility Type: Acute InPatient			Long Term		DISCIPLINE							
Care Outpatient Private Practice							olicable	Lic #				
	SS							710				
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NAME OF COURSE				COURSE SELECTION CITY STATE					DATE(S)			
				GITTSIAIE					DATE(5)			
COURSE LISTING			EARLY PRICING			REG	REGULAR PRICING					
EARLY = Registration received 1 month in advance of course.		LiveStream	GROUP 5+ Early	GROUP 2-4 Early	INDIVIDUAL Early	GROUP 5+ Regular	GROUP 2-4 Regular	INDIVIDUAL Regular	Student	AMOUNT		
Bell's and Facial Palsy: The Evidence-Based Toolbox			\$170	\$170	\$180	\$190	\$190	\$200	\$210	\$145		
Seeing the Big World: The Role of Vision and Pediatric Therapy		\$280	\$320	\$335	\$350	\$350	\$375	\$395	\$250			
Kinesiology Taping Techniques for Swallowing Disorders		\$170	\$170	\$180	\$190	\$190	\$200	\$210	\$145			
Myofascial Release a Management (w/ Ana	and Other Manual Techniques in I atomy of Swallowing e-course)	Dysphagia	N/A	\$320	\$340	\$360	\$360	\$380	\$420	\$250		
Super Group = 10+ registrations Large Group = 6-9 registrations				SUPER	LARGE	SMALL	INDIVIDUAL	STUDENT				
Small Group = 3-5 registrations Individual = 1-2 registrations				GROUP	GROUP	GROUP						
Physical Agent Modalities for the Rehab Professional - Green Track 30hr				\$590	\$620		\$680	\$599			┢──	
				Early \$570	Early \$610	Early \$630	Early \$660	\$599				
	PLEASE NOTE:								JBTOTAL:			
PAYMENT, PURCHASE ORDER, or a SIGNED LETTER OF GUARANTEE is due by on-site course date. Participant will not be admitted to the course				Voucher Code:					ucher Amt:			
	Sample Letter of Guarantee can INFO tab and must be on compar		ite					TOTAL	DUE:			
CHECK Persona Facility	77 Bay Bridge Dr	40		• PURCHA P.O. Numb	er:							
Accounts Payable contact information (name, fax #)				• CREDI			able contact info	AMI		DISCOVI	ER	
		,	<u>´</u>									
	es for Cancellation/Payme Requests and Liability Iss		ound	CVV:			_	EXP. DATI	E:			

Name on Card

Signature

Rev. 1/6/22