4 VitalStim [®] Therapy and Beyond: DINES Specialty Certificate	REGISTER ONLINE at www.CIAOSeminars.com or FAX form to:	
CIAO Registration and Policies	850-916-8885 or EMAIL to: mail@CIAOSeminars.com	Questions? Call: 1-888-909-CIAO (2426)

(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:							
ALL INFORMATION REQUIRED - PLEASE PRINT LEGIBLY							
NAME							
				STZIP			
	CELL						
EMAIL ADDRESS					**May paad to abaak SDAM**		
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 Private Practice School Based 		Please Check PRIMARY CASELOAD? Adult Pediatric Both				
FACILITY ADDRESS							
CITY ST ZIP							
PHONE(W) FAX(W)							
Check ADULT or PEDS • Write in dates chosen for 14 day MBS window • Write in Course Selection (city/dates							
MBS: The Clear Picture (Prerequisite course for VitalStim)	ONLINE COURSE MBS 2-week window (ADULT) begins every Friday. DATES OF WINDOW:						
Adult Peds	Internet connection Check website for available windows for PEDS MBS.						
VitalStim/DINES Therapy							
Specialty Course	CITY:		DATES:				
🛛 Adult 🗆 Peds							
PRICING PAYMENT OPTIONS					S		
VitalStim Therapy Specialty Program PAYMENT, PURCHASE ORDER, or a SIGNED LETTER OF GU							
			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				
Price (-60 days before course)			letterhead.				
VitalStim Renewal \$350		•PURCHASE ORDER					
VitalStim Renewal (with MBS) \$400		•CHECK Make check payable to: CIAO Seminars 77 Bay Bridge Dr. Gulf Breeze, FL 32561					
VitalStilli Kellewal (with MBS) \$400							
L Personal							
Check with your Rehab Director for group verification. Your PARENT COMPANY* may have an "established group rate".			Facility/Company Accts. Payable contact information (name/fax #)				
						A DDN is not alibible for group rates	
A PRN is not elibible for group rates.	\$		Cord #	_			
Subtract any of the following if applicable.					· [_]		
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Complete policies for Cancellation/Payment Issues, Special Needs Requests and Liability Issues can be found at www.ciaoseminars.com under Forms/Info tab (FAQs).