

2025 CIAO Studios - Live Stream

CIAO Live Stream Registration and Policies
Keep a Copy for Your Records

REGISTER ONLINE at: 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:	Brochure/Postcard/Flyer	Email	Online Search	Other
	Rehab Director	Co-Worker	Dealer	Social Media

NAME _____ Returning Customer? **Y** **N**

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

DISCIPLINE _____

ASHA # if applicable _____ Lic # _____

FACILITY ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE(W) _____ FAX(W) _____

COURSE SELECTION

NAME OF COURSE	DATE(S)	PRICE	How will you attend?	
			LIVE STREAM	STUDIO AUDIENCE
			☐	☐
			☐	☐
	SUBTOTAL:	\$		
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 #) _____	Add Club CIAO: (optional)	\$ 99		
	Minus 25% (for Club CIAO Members)	\$		(Club CIAO Members subtract 25% off all LiveStream Courses)
	Voucher Amount:	\$		Voucher Code:
	TOTAL DUE:	\$		
• CHECK Make checks payable to: CIAO Please remit to: CIAO 77 Bay Bridge Dr. Gulf Breeze, FL 32561 Accounts Payable contact info (name, fax #) _____	• CREDIT CARD CVV: _____ Name on Card _____	VISA M/C AMEX DISCOVER _____ EXP. DATE: _____ Signature _____		

Complete policies for Cancellation/Payment Issues, Special Needs Requests and Liability Issues can be found at www.ciaoseminars.com under Forms/Info tab (FAQs).

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