

(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)** _____

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) <input type="checkbox"/> Peds	ONLINE COURSE Internet connection required.	MBS 2-week window (ADULT) begins every Friday. Check website for available windows for PEDS MBS. Renewal will not be processed without MBS window.	DATES OF WINDOW:
VitalStim/DINES Therapy Specialty Course <input type="checkbox"/> 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
Check with your Rehab Director for group verification. Your PARENT COMPANY* may have an "established group rate".	
A PRN is not eligible for group rates.	\$
Subtract any of the following if applicable.	
VOUCHER: Voucher Amount \$ <input type="text"/>	(\$)
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 <input type="checkbox"/> PO # _____	
•CHECK	Make check payable to: CIAO Seminars Remit to: CIAO Seminars 77 Bay Bridge Dr. Gulf Breeze, FL 32561
<input type="checkbox"/> Personal	
<input type="checkbox"/> Facility/Company _____	Accts. Payable contact information (name/fax #)
•CREDIT CARD	VISA MC DISC Amex CVV:
Card # _____ - _____ - _____ - _____	
Name on Card _____	Ex. Date: _____
Signature: _____	
PayPal 	Venmo 