2023 CIAO Tour

CIAO 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)

I WASREFERRED TO THIS COURSE BY: Brochure/Postcard/Flyer Rehab Director				nail -Worker	Online Search Dealer				Other Website Social Media		
							Retu	rning Cust	omer?	Y N	
ADDRESS											
СІТҮ						ST	ZIP				
PHONE(H)											
EMAIL ADDRESS											
*Must be the individual email of person b	eing registere	d! CONFIR	MATIONWIL	L BE SENTT	OTHIS EMAIL	ADDRESS. **	[•] May need	to check SP	AM*		
FACILITY				_	DISCIPI INF						
cility Type: Acute InPatient Care Outpatient Private Pr			Long To School				Lic #				
•					АЗПА # парр	iicabie		LIC#			
FACILITY ADDRESS					ST		ZIP				
PHONE(W)											
			COURSE	SELECTION							
NAME OF COURSE			CITY STATE					DATE(S)			
COURSE LISTING			EARLY PRICING			REGULAR PRICING					
EARLY = Registration received 1 month in adva	nce of course.	LiveStream	GROUP 5+ Early	GROUP 2-4 Early	INDIVIDUAL Early	GROUP 5+	GROUP 2-4	INDIVIDUAL	Student	AMOUNT DU	
Sensory Point Taping for Pediatric Oral Motor Function		\$340	\$340	\$360	\$380	Regular \$380	Regular \$400	Regular \$440	\$250	+	
Kinesio Medical Taping		<u> </u>	ΨΟΨΟ	ψοσο	Ψ300		Ψ+00		Ψ230	 	
Lymphedema Management of the Head and Neck		\$340	\$340	\$360	\$380	\$380	\$400	\$440	\$250	<u> </u>	
Myofascial Release and Other Manual Techniques in Dysphagia Management		N/A	\$340	\$360	\$380	\$380	\$400	\$440	\$250		
The Lowdown on Lowtone and Impact on Environment: Ages 3-13		N/A	\$190	\$200	\$210	\$210	\$220	\$230	\$150		
The Lowdown on Lowtone and Impact on Environment: Birth-3		N/A	\$190	\$200	\$210	\$210	\$220	\$230	\$150		
Super Group = 10+ registrations Small Group = 3-5 registrations Large Group = 6-9 registrations Individual = 1-2 registrations			SUPER GROUP	LARGE GROUP	SMALL GROUP	INDIVIDUAL	STUI	STUDENT			
Physical Agent Modalities for the Rehab Professional - Green Track 30hr			\$600	\$630	\$660	\$680	\$5	\$599			
							CURT	OTAL:			
CHECK Make checks payable to: CIAO Personal Please remit to: CIAO 77 Bay Bridge Dr.			Voucher Code:					Voucher Amt:			
			voucher Code.					TOTAL DUE:			
Facility Gulf Breeze, FL 32								_			
Accounts Payable contact information (name, fax #)			• PURCHASE ORDER P.O. Number:								
• PAYPAL • VENM	0				Accounts Paya	ble contact inf	ormation (n	ame, fax #)			
			CREDIT CARD VISA M/C				AMI	AMEX DISCOVER			
•	*		CVV:					E:			
venue			Name on Card Signature								

Rev. 5/30/23