

2014 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)

ALL INFORMATION REQUIRED - PLEASE PRINT LEGIBLY

I WAS REFERRED TO THIS COURSE BY: Brochure/Postcard/Flyer Email CIAO Website Other Website _____
 Rehab Director Co-Worker Dealer _____

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 _____ DISCIPLINE _____
 Facility Type: Acute Inpatient Long Term ASHA # if applicable _____ Lic # _____
 CareOutpatient Private Practice School Based

FACILITY ADDRESS _____
 CITY _____ ST _____ ZIP _____
 PHONE(W) _____ FAX(W) _____

COURSE SELECTION		
NAME OF COURSE	CITY STATE	DATE(S)

COURSE LISTING - PRICING							
EARLY = Registration received 1 month in advance of course.	GROUP 5+ Early	GROUP 2-4 Early	INDIVIDUAL Early	Group 5+ Regular	GROUP 2-4 Regular	INDIVIDUAL Regular	AMOUNT DUE
Myofascial (with Anatomy of Swallowing online)	\$280	\$300	\$320	\$320	\$340	\$360	
Approaching Dysphagia: Faster, Smarter, Better	\$280	\$300	\$320	\$320	\$340	\$360	
Feeding Therapy 1 - It's Not Just About Swallowing	\$170	\$180	\$190	\$190	\$200	\$210	
Feeding Therapy 2- Case Studies and Problem Solving	\$170	\$180	\$190	\$190	\$200	\$210	
COMBO - Feeding Therapy 1 & 2 **SAVE**	\$280	\$300	\$320	\$320	\$340	\$360	
Dementia Treatment in the New Healthcare Environment	\$170	\$180	\$190	\$190	\$200	\$210	
Super Group = 20 registrations Small Group = 4-9 registrations	SUPER GROUP	LARGE GROUP	SMALL GROUP	INDIVIDUAL STANDARD			
Large Group = 10-19 registrations Individual 1-3 registrations							
Physical Agent Modalities for the Rehab Professional - Blue Track	\$400	\$425	\$450	\$475			
Physical Agent Modalities for the Rehab Professional - Green Track	\$570	\$600	\$630	\$660			

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.

SUBTOTAL		
If applicable, subtract:		
VOUCHER AMOUNT \$ _____ CODE: _____	\$10 Return Customer Discount (Live Courses only)	()
TOTAL DUE		

● PURCHASE ORDER
 P. O. Number: _____

 Accounts Payable contact information (name, fax #)

● CHECK
 Personal Make checks payable to: CIAO
 Please remit to: CIAO
 362 Gulf Breeze Pkwy # 193
 Gulf Breeze, FL 32561
 Facility

 Accounts Payable contact information (name, fax #)

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

● CREDIT CARD VISA M/C
 _____ - _____ - _____ - _____
 Exp. Date: _____
 _____ Name on Card _____ Signature