

2012 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

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 _____ ASHA # if applicable _____

FACILITY ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE(W) _____ FAX(W) _____

COURSE SELECTION		
NAME OF COURSE	CITY STATE	DATE(S)

COURSE LISTING - PRICING					
GROUP = 3 or more registrations received together. EARLY = Registration received 1 month in advance of course.	GROUP EARLY	GROUP STANDARD	INDIVIDUAL EARLY	INDIVIDUAL STANDARD	AMOUNT DUE
	Janda Approach Seminars - Assessment and Treatment of Muscle Imbalance	\$380	\$400	\$400	\$420
Myofascial (with Anatomy of Swallowing online)	\$280	\$295	\$295	\$315	
Tools for Treating Feeding in the Medically Challenged Child	\$260	\$270	\$270	\$280	
Learn to Play the NDT Way	\$250	\$260	\$260	\$270	
Sensory Disorders: The Next Step	\$250	\$260	\$260	\$270	
Combination Effective Diag & TX of Dysphagia & Effective TX Planning	\$250	\$260	\$260	\$270	
Effective Diagnosis and Treatment of Dysphagia	\$150	\$160	\$160	\$170	
Effective Treatment Planning for Dysphagia: From the Bedside to the MBS	\$150	\$160	\$160	\$170	
Combination Feeding Therapy It's Not Just About Swallowing & Case Studies	\$260	\$270	\$270	\$280	
Feeding Therapy - It's Not Just About Swallowing	\$160	\$170	\$170	\$180	
Feeding Therapy - Case Studies and Problem Solving	\$160	\$170	\$170	\$180	
Combination Ped Feeding - Big Pic 1 & Ped Feeding - Big Pic 2	\$250	\$260	\$260	\$270	
Pediatric Feeding - Big Picture 1	\$150	\$160	\$160	\$170	
Pediatric Feeding - Big Picture 2	\$150	\$160	\$160	\$170	

PAYMENT OPTIONS	
<p><input checked="" type="radio"/> CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> M/C</p> <p>----- - ----- - -----</p> <p>Exp. Date: _____</p> <p>_____ Name on Card Signature</p>	<p><input type="radio"/> CHECK Make checks payable to: CIAO Please remit to: CIAO 362 Gulf Breeze Pkwy # 193 Gulf Breeze, FL 32561</p> <p><input type="checkbox"/> Personal</p> <p><input type="checkbox"/> Facility _____ Accounts Payable contact information (name, fax #)</p>
<p><input checked="" type="radio"/> PURCHASE ORDER P. O. Number: _____</p> <p>_____ Accounts Payable contact information (name, fax #)</p>	

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

PAYMENT OPTIONS
 CREDIT CARD CHECK PURCHASE ORDER
 (Please select method and fill out applicable information.)

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.

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