



5+ Group - Registration Fax

Fax To: (253) 588-1622 (no cover page necessary)

Form Guidelines: THIS FORM IS FOR GROUPS PAYING BY CREDIT CARD. Groups of five or more paying employees (no free tuitions can be included) from the same company may register as a group and receive \$50 off per person. Registrations must be submitted on this form to qualify.

FROM: _____ Date: ____/____/____
 FACILITY: _____ Total Registrations: _____
 Tel: _____ Fax: _____

IMPORTANT NOTES:

- Registrant PERSONAL information is REQUIRED (including email address) for CEU and Jones Institute course history. INCOMPLETE forms will not be processed. Please PRINT and COMPLETE the form in full. Questions? Please call.
- We do not sell, trade or give away your information EVER! Please provide all.
- Mailing a Payment? - Mail it with this form. Your space in the course will not be secure until this form is received and the payment posted. We do not reserve course spaces. To secure your space in the course now, please register by contacting us or online at www.jiscs.com with a VISA or MasterCard.
~ T H A N K Y O U ! ~

F O R

COURSE DATES: _____
 ADVERTISED CITY: _____
 COURSE INFO: _____

NAME: _____ **CREDENTIALS:** PT PTA OT LMT Other_____

HOME ADD: _____ **WORK TEL:** () _____

CITY: _____ **HOME TEL:** () _____

STATE: _____ **ZIP:** _____ **EMAIL:** _____

PAYMENT METHOD: Personal OR Employer/Business Credit Card being used.
 Visa OR M/C: _____ - _____ - _____ Exp. Date: ____/____ (mm/yy)

NAME: _____ **CREDENTIALS:** PT PTA OT LMT Other_____

HOME ADD: _____ **WORK TEL:** () _____

CITY: _____ **HOME TEL:** () _____

STATE: _____ **ZIP:** _____ **EMAIL:** _____

PAYMENT METHOD: Personal OR Employer/Business Credit Card being used.
 Visa OR M/C: _____ - _____ - _____ Exp. Date: ____/____ (mm/yy)

-PLEASE PRINT -

5+ Group - Registration Fax-Additional Page(s)

FROM: _____

FACILITY: _____

FOR

COURSE DATES: _____

ADVERTISED CITY: _____

COURSE INFO: _____

NAME: _____

CREDENTIALS: PT PTA OT LMT Other_____

HOME ADD: _____

WORK TEL: () _____

CITY: _____

HOME TEL: () _____

STATE: _____ ZIP: _____

EMAIL: _____

PAYMENT METHOD: Personal OR Employer/Business Credit Card being used.

Visa OR M/C: _____ - _____ - _____ - _____ Exp. Date: ____/____ (mm/yy)

NAME: _____

CREDENTIALS: PT PTA OT LMT Other_____

HOME ADD: _____

WORK TEL: () _____

CITY: _____

HOME TEL: () _____

STATE: _____ ZIP: _____

EMAIL: _____

PAYMENT METHOD: Personal OR Employer/Business Credit Card being used.

Visa OR M/C: _____ - _____ - _____ - _____ Exp. Date: ____/____ (mm/yy)

NAME: _____

CREDENTIALS: PT PTA OT LMT Other_____

HOME ADD: _____

WORK TEL: () _____

CITY: _____

HOME TEL: () _____

STATE: _____ ZIP: _____

EMAIL: _____

PAYMENT METHOD: Personal OR Employer/Business Credit Card being used.

Visa OR M/C: _____ - _____ - _____ - _____ Exp. Date: ____/____ (mm/yy)