



5+ Group - Registration By Mail

Form Guidelines: FOR GROUPS PAYING BY CHECK. Groups of five or more employees from the same company may register as a group and receive \$50 off/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. Payment must be received no later than THREE weeks prior to the course start date to avoid the late registration fee..

~ 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: Check #: _____ Personal Check **OR** Employer/Business

*NOTE: If Company is to be listed as 'BILL TO' on the invoice, please send Company Name, Address, Phone and Contact on separate page.

NAME: _____ **CREDENTIALS:** PT PTA OT LMT Other _____
HOME ADD: _____ **WORK TEL:** () _____
CITY: _____ **HOME TEL:** () _____
STATE: _____ **ZIP:** _____ **EMAIL:** _____

PAYMENT METHOD: Check #: _____ Personal Check **OR** Employer/Business

*NOTE: If Company is to be listed as 'BILL TO' on the invoice, please send Company Name, Address, Phone and Contact on separate page.

-PLEASE PRINT -

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

FROM: _____

FACILITY: _____

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: Check #: _____ Personal Check OR Employer/Business

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NAME: _____

CREDENTIALS: PT PTA OT LMT Other_____

HOME ADD: _____

WORK TEL: () _____

CITY: _____

HOME TEL: () _____

STATE: _____ ZIP: _____

EMAIL: _____

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