

Mail To: (check payable to)

Course Registration Form



7937 Corte Domingo Carlsbad, CA 92009
Telephone: (760) 942-0647
www.jonesinstitute.com

Date: ___/___/___

Fax To:

253-588-1622 (no cover page necessary)

NOTE: Payment must be RECEIVED
ONE MONTH prior to the course
start date to receive the Early Bird rate!

IMPORTANT INFO:

- Attending practitioner's PERSONAL information is **REQUIRED**. INCOMPLETE forms **will not be processed**. Please PRINT.
- We do not sell, trade or give away your information EVER! Please provide all.
- Mailing a Payment? - Mail it with this form. Space in a course must be paid in full (payment received) to secure a space. To secure a space now, please register by contacting us or online at www.jiscs.com with a Visa, MasterCard or Discover. ~ T H A N K Y O U ! ~

REGISTRATION:

Early Bird-\$695/Regular \$745: I-Spine II-Extremities III-Cranial IV-Facilitated w/Review
 (Classic Courses)
 UQ-Upper Quarter PP-Pelvic Pain
 (Fascial Courses)
 FI-Fascial Intro VC-Viscera LV-Lymphatic-Venous AR-Arterial
 N1-Nervous, Part 1 N2-Nervous, Part 2 MS1-Muskuloskeletal, Part 1 MS2-Muskuloskeletal, Part 2
Fee-\$800: JSCC Test

COURSE

Dates: _____ Location (City/ST): _____ Repeating? _____

REGISTRANT INFO:

Name: _____ Title: PT PTA OT ATC Other: _____

COMPLETE

HOME Address, City, St, Zip: _____

Work Tel: (_____) _____ Ext. _____ Home Tel: (_____) _____

Email: _____ *Initial registration/payment confirmation sent via email. PLEASE PROVIDE!

BILLING INFO: here if SAME Contact NAME & Phone: _____

BILL TO Company

Name/Address, City, St, Zip: _____

Billing Email: _____ * If you want email confirmation of registration-COMplete ALL.

PAYMENT INFO:

NAME ON CHECK OR CARD HOLDER NAME (if different) _____

Please choose one: CHECK ENCLOSED - CK# _____ ... OR ...

M/C VISA or DISCOVER: - - - Exp. Date: -

CSV Code:

I have a credit code/table coupon I want to use:
(enter code here->>)