



JONES INSTITUTE

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3+ Group - Registration Form

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

FROM: _____

Date: ___/___/___

FACILITY: _____

Total Registrations: _____

Tel: _____

IMPORTANT NOTES:

Reminder: Earlybird tuition must be received one month prior to course start date.

• IMPORTANT: We REQUIRE a registrants personal information i.e. home address, home phone number and email. If a personal email is not available you may provide a work email. 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? - Fax the form first. We will contact you to confirm receipt of this form. Then mail this form with the payment to the address above. PLEASE NOTE: Spaces will be reserved but are not secure until payment is received. Payment must be received one month prior to the course start date to receive the early bird rate and in order to secure the spaces from being forfeited to the next registrant. To secure your space now, please register using a VISA, MasterCard or Discover card.

F O R

COURSE DATES: _____ to _____

COURSE CITY/ST: _____

COURSE: _____

NAME: _____

CREDENTIALS: PT PTA OT LMT Other_____

HOME ADD: _____

WORK TEL: () _____

CITY: _____

HOME TEL: () _____

STATE: _____ ZIP: _____

EMAIL: _____

PAYMENT METHOD: Check #: _____ Personal Check OR Company Check

Visa, M/C or Discover: _____ - _____ - _____ - _____ Exp Date: ____/____ (mm/yy) CSV: _____

*REPEATING this course? Check here to receive the repeat discount of \$200 off this registration. Discounts cannot be combined however, the greater qualifying discount is applied.

NAME: _____

CREDENTIALS: PT PTA OT LMT Other_____

HOME ADD: _____

WORK TEL: () _____

CITY: _____

HOME TEL: () _____

STATE: _____ ZIP: _____

EMAIL: _____

PAYMENT METHOD: Check #: _____ Personal Check OR Company Check

Visa, M/C or Discover: _____ - _____ - _____ - _____ Exp Date: ____/____ (mm/yy) CSV: _____

*REPEATING this course? Check here to receive the repeat discount of \$200 off this registration. Discounts cannot be combined however, the greater qualifying discount is applied.

FROM: _____
FACILITY: _____

FOR

COURSE DATES: _____ to _____
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 Company Check

Visa, M/C or Discover: _____ - _____ - _____ - _____ Exp Date: ____/____/____ (mm/yy) CSV: _____

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

PAYMENT METHOD: Check #: _____ Personal Check OR Company Check

Visa, M/C or Discover: _____ - _____ - _____ - _____ Exp Date: ____/____/____ (mm/yy) CSV: _____

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

PAYMENT METHOD: Check #: _____ Personal Check OR Company Check

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