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 Email: info@jiscs.com

# 3+ Group - Registration Form

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

**Bill To:** *(complete if company paying)*

Company Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact & Tel: \_\_\_\_\_

Total Registrations: \_\_\_\_\_

COMPLETE Address, City, St, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**IMPORTANT NOTES:**

- Attending practitioner's must have their own account and their PERSONAL information is REQUIRED. INCOMPLETE forms will not be processed.
- We do not sell, trade or give away your information EVER! Please provide all.
- Registrations will be processed independently; charges will be separate charges on your card statement.
- PLEASE NOTE: Fax this form with card payment information or mail it with your check to the address above. Registrations cannot be processed without payment in full. To secure your space now, please register using a VISA, MasterCard or Discover.

Tuition for ALL courses: \$695 early bird rate (one month prior to the card) / \$745 regular tuition.

NOTE: The \$50 discount per course will apply unless you qualify for the repeat discount of \$200. The larger discount will be given; discounts are not combined.

F O R

COURSE DATES: \_\_\_\_\_ to \_\_\_\_\_

COURSE CITY/ST: \_\_\_\_\_

COURSE: \_\_\_\_\_

NAME: \_\_\_\_\_

CREDENTIALS: PT PTA 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: \_\_\_\_\_

\*  **if REPEATING this course?** Receive a "REPEAT" \$200 discount off.  
 Discounts cannot be combined; the greater qualifying discount is applied.

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

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NAME: \_\_\_\_\_

CREDENTIALS: PT PTA LMT Other \_\_\_\_\_

HOME ADD: \_\_\_\_\_

WORK TEL: ( \_\_\_\_\_ ) \_\_\_\_\_

CITY: \_\_\_\_\_

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- PLEASE PRINT -

3+ Group - Registration Form

- Additional Page -

Company Name: \_\_\_\_\_

Contact & Tel: \_\_\_\_\_

FOR

COURSE DATES: \_\_\_\_\_ to \_\_\_\_\_

ADVERTISED CITY: \_\_\_\_\_

COURSE INFO: \_\_\_\_\_

NAME: \_\_\_\_\_

CREDENTIALS: PT PTA LMT Other \_\_\_\_\_

HOME ADD: \_\_\_\_\_

WORK TEL: ( \_\_\_\_\_ ) \_\_\_\_\_

CITY: \_\_\_\_\_

HOME TEL: ( \_\_\_\_\_ ) \_\_\_\_\_

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CREDENTIALS: PT PTA LMT Other \_\_\_\_\_

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WORK TEL: ( \_\_\_\_\_ ) \_\_\_\_\_

CITY: \_\_\_\_\_

HOME TEL: ( \_\_\_\_\_ ) \_\_\_\_\_

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WORK TEL: ( \_\_\_\_\_ ) \_\_\_\_\_

CITY: \_\_\_\_\_

HOME TEL: ( \_\_\_\_\_ ) \_\_\_\_\_

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- Copy page two for larger groups. -