

**Mail To:**

**Course Registration Form**



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

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

**Fax To:**

**253-588-1622** (no cover page necessary)

NOTE: Tuition is \$595 per course.  
Payment must be RECEIVED THREE weeks prior to the course start date to avoid the late registration fee of \$645!

**IMPORTANT INFO:**

- 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](http://www.jiscs.com) with a VISA or MasterCard. ~ T H A N K Y O U ! ~

Registration for SCS:  I-Spine  II-Extremities  III-Cranial  IV  UQ  Pelvic  V&L  JSCC Test

COURSE Dates : \_\_\_\_\_ Location (City,ST) : \_\_\_\_\_

**REGISTRANT INFO:**

Name: \_\_\_\_\_ Title: PT PTA OT ATC Other: \_\_\_\_\_

**COMPLETE**

HOME Address: \_\_\_\_\_

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: \_\_\_\_\_

Billing Email: \_\_\_\_\_ \*If you want email confirmation of registration/payment.

**PAYMENT INFO:**

NAME ON CHECK OR CARD HOLDER NAME (if different) \_\_\_\_\_

Please choose one:

CHECK ENCLOSED-CK# \_\_\_\_\_

VISA / M/C:     -     -     -     Exp Date:   /

Prices/Policies subject to change at Jones Institute management discretion. Please visit our website for current prices/policies.