

2013 CIAO Tour

CIAO Registration and Policies

Keep a Copy for Your Records

REGISTER ONLINE at: www.ciaoseminars.com

or FAX this registration to: 850-916-8885

Phone: 1-888-909-CIAO (2426)

ALL INFORMATION REQUIRED - PLEASE PRINT LEGIBLY

I WAS REFERRED TO THIS COURSE BY:

Brochure/Postcard/Flyer Email CIAO Website Other Website _____

Rehab Director Co-Worker Dealer _____

NAME _____ Returning Customer? **Y** **N**

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE(H) _____ and/or CELL _____

EMAIL ADDRESS _____

*Must be the individual email of person being registered! CONFIRMATION WILL BE SENT TO THIS EMAIL ADDRESS. **May need to check SPAM*

FACILITY _____ DISCIPLINE _____ ASHA # if applicable _____

FACILITY ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE(W) _____ FAX(W) _____

COURSE SELECTION		
NAME OF COURSE	CITY STATE	DATE(S)

COURSE LISTING - PRICING					
GROUP = 3 or more registrations received together. EARLY = Registration received 1 month in advance of course.	GROUP EARLY	GROUP STANDARD	INDIVIDUAL EARLY	INDIVIDUAL STANDARD	AMOUNT DUE
Myofascial (with Anatomy of Swallowing online)	\$280	\$295	\$295	\$315	
Feeding Therapy - It's Not Just About Swallowing/Case Studies and Problem Solving	\$275	\$285	\$285	\$295	
Learn to Play the NDT Way - Neuro Developmental Treatment	\$250	\$260	\$260	\$270	
Cognitive Behavioral Therapy for Dementia	\$150	\$160	\$160	\$170	
Dementia Team Guide to Successful Outcomes	\$150	\$160	\$160	\$170	
Combination Ped Feeding - Big Pic 1 & Ped Feeding - Big Pic 2	\$250	\$260	\$260	\$270	
Pediatric Feeding - Big Picture 1	\$150	\$160	\$160	\$170	
Pediatric Feeding - Big Picture 2	\$150	\$160	\$160	\$170	
Super Group = 20 registrations Small Group = 4-9 registrations					
Large Group = 10-19 registrations Individual 1-3 registrations					
Physical Agent Modalities for the Rehab Professional - Blue Track	\$400	\$425	\$450	\$475	
Physical Agent Modalities for the Rehab Professional - Green Track	\$570	\$600	\$630	\$660	

PAYMENT OPTIONS

• **CREDIT CARD** VISA M/C

_____ - _____ - _____

Exp. Date: _____

_____ Name on Card _____ Signature

• **CHECK** Make checks payable to: CIAO
Please remit to: CIAO
362 Gulf Breeze Pkwy # 193
Gulf Breeze, FL 32561

Personal

Facility Accounts Payable contact information (name, fax #) _____

• **PURCHASE ORDER** P. O. Number: _____

Accounts Payable contact information (name, fax #) _____

SUBTOTAL		
If applicable, subtract:		
VOUCHER AMOUNT \$ _____	\$10 Return Customer Discount (Live Courses only)	(_____)
TOTAL DUE		

PAYMENT OPTIONS

• **CREDIT CARD** • **CHECK** • **PURCHASE ORDER**

(Please select method and fill out applicable information.)

PLEASE NOTE:
PAYMENT, PURCHASE ORDER, or a SIGNED LETTER OF GUARANTEE is due by on-site course date. Participant will not be admitted to the course without one of these. Sample Letter of Guarantee can be found at website under FORMS/INFO tab and must be on company letterhead.

Complete policies for Cancellation/Payment Issues, Special Needs Requests and Liability Issues can be found at www.ciaoseminars.com under Forms/Info tab (FAQs).