

REGISTRATION FORM

Name _____
PRINT CLEARLY

Profession _____

Employer _____

Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____

Fax _____

Course Title _____

Location _____

Have you taken a course from us in the past? yes no

E-Mail _____

I do not wish to receive any additional information from Advances in Clinical Education via e-mail

CANCELLATION POLICY

Registration fee less a \$50.00 administration fee can be transferred or refunded with 2 weeks written notice; notice received after that time is subject to only a 50% transfer or refund less the deposit. If cancellation is received less than 72 hours before the start of the course, no monies will be refunded, but may be transferred to another course of the students choosing. No refunds will be issued after course begins.

METHOD OF PAYMENT

Check Or Money Order Enclosed

Charge My Credit Card VISA MASTERCARD

Card Number _____ Exp. _____

Amount to Charge: _____

Signature _____

Make Checks Payable To:
ADVANCES IN CLINICAL EDUCATION
17675 SW Farmington Rd. #182 Aloha, OR 97007
TEL. 1-503-642-4432 FAX 1-503-848-6384
www.rehabeducation.com