CIAO

362 Gulf Breeze Pkwy #193
Gulf Brreeze, Florida 32561

Registration Form

Special Needs: Please indicate any special assistance required when you return your registration (i.e. dietary, physical disability etc.).
Liability: CIAO sponsorship of a course does not endorse course content, products or procedures. Any liability will be covered by participant's professional insurance.

Sponsored by: ROSCOE MEDICAL *Better Living™*   *InTENSity™*

Please complete this form in its entirety and FAX to 850-916-8885

NAME*:_____

HOME ADDRESS*: _____

CITY*: _____ ST*: _____ ZIP*: _____

PHONE (H)*: _____ CELL: _____ DISCIPLINE *:_____

PARTICIPANTS E-MAIL ADDRESS* _____
A receipt will be sent to this email address

FACILITY NAME*_____

FACILITY ADDRESS*: _____

CITY*: _____ ST*:_____ZIP*_____

PHONE (W)*: _____ FAX: _____

*Fields marked with an asterisk are REQUIRED fields

Course	Location	Date	Price
Physical Agent Modalities for Rehab			**$99.00**

Please Check Form of Payment:

☐ **Check number** _____ (**make check payable to "CIAO"**)
☐ **Cash**
☐ **Credit Card**
    ☐Visa   ☐MC   **CC number** __/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/ **exp** ___/____
    Print Name on Card _____ Signature _____

Sponsor Cancellation Policy: A full refund will be given if CIAO or the course sponsor cancels the seminar for any reason.
Registrant Cancellation Policy: 15 days or more before course date - Full refund minus $25 admin fee
14 days or less before the course date - 50% Refund

<u>Visit us online</u> at **www.ciaoseminars.com**