

3+ Group - Registration Form



7937 Corte Domingo
Carlsbad, CA 92009
Tel: (760) 942-0647
www.jonesinstitute.com
Email: info@jiscs.com

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

IMPORTANT:

- PLEASE PRINT. Each person be on staff with the company and must have their own unique email address; it will be their "Login". No duplicates.
- Each person will receive \$50 off the current tuition rate. *Tuition for ALL courses: \$695 early bird (one month before) / \$745 regular tuition.*
- Incomplete forms will not be processed.
- We accept Visa, MasterCard, American Express and Discover. Only card payment is accepted for immediate registration. Registrations will be processed independently; charges will be separate on the card statement. If you wish to pay by check, complete the form and submit it with the check payment.
- Cancellations will be charged a fee per Jones Institute's cancellation policy and the balance will be issued to the payer in a credit good towards a future course. No refunds. No exceptions.



To have "Billing Information" show on each invoice, please complete below:
(Registrant information will show on invoice if left blank.)

COMPANY: _____
Add1: _____ Email: _____
Add2: _____ City: _____ St: _____ Zip: _____
CONTACT NAME: _____ Phone: (____) _____ - _____ Ext.: _____



Tell us which course:

COURSE DATES: ____/____/____ to ____/____/____
COURSE CITY/ST: _____
COURSE: _____



Tell us who you want to register:

Name: _____ CREDENTIALS: PT PTA LMT Other _____
Personal Address: _____
City: _____ State: _____ Zip: _____ Home/Cell: (____) _____ - _____
Email Address: _____
Card#: _____ - _____ - _____ Exp Date: ____/____ Code: _____ Yes No *(circle one)*

Do you want to use this card for all registrations?

Name: _____ CREDENTIALS: PT PTA LMT Other _____
Personal Address: _____
City: _____ State: _____ Zip: _____ Home/Cell: (____) _____ - _____
Email Address: _____
Card#: _____ - _____ - _____ Exp Date: ____/____ Code: _____

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- Additional Page - Copy as needed for larger groups. -



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Company: _____ Phone: _(_____) _____ - _____

Course City/State: _____ Course: _____

....CONTINUED:

Name: _____ CREDENTIALS: PT PTA LMT Other _____

Personal Address: _____

City: _____ State: _____ Zip: _____ Home/Cell: _(_____) _____ - _____

Email Address: _____

Card#: _____ - _____ - _____ - _____ Exp Date: ____/____/____ Code: _____

Name: _____ CREDENTIALS: PT PTA LMT Other _____

Personal Address: _____

City: _____ State: _____ Zip: _____ Home/Cell: _(_____) _____ - _____

Email Address: _____

Card#: _____ - _____ - _____ - _____ Exp Date: ____/____/____ Code: _____

Name: _____ CREDENTIALS: PT PTA LMT Other _____

Personal Address: _____

City: _____ State: _____ Zip: _____ Home/Cell: _(_____) _____ - _____

Email Address: _____

Card#: _____ - _____ - _____ - _____ Exp Date: ____/____/____ Code: _____

Name: _____ CREDENTIALS: PT PTA LMT Other _____

Personal Address: _____

City: _____ State: _____ Zip: _____ Home/Cell: _(_____) _____ - _____

Email Address: _____

Card#: _____ - _____ - _____ - _____ Exp Date: ____/____/____ Code: _____

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