Multiple Registration Form

-PLEASE PRINT -

FAX or MA	IL	Fax To: (253) 588-1622 (no cov	/er page necessary)
-		5.	
FROM:			
FACILITY:		Total Registration	ns:
Tel:		Fax:	
•	ONAL information is REQUIRED (including	email address) for CEU and Jones Institute course history. INCOMPLETE forms will	I not be processed.
	COMPLETE the form in full. Questions? Plead de or give away your information EVER! Plead or give away your information.		
	pe processed independently; charges will be	·	
	ourse start date to receive the early bird rate	ormation or mail it with your check to the address above. Payment must be received e. Spaces cannot be reserved without payment in full. To secure your space now, p	
	ount of \$50 off each course will apply	nth prior to the card) / \$745 regular tuition. v unless you qualify for the repeat discount of \$200 off. The larger discount of \$200 off.	ount will be given;
1)	COURSE DATES:	COURSE:	✓ Repeating?
	COURSE CITY/ST:		
2)	COURSE DATES.	COURSE.	(Parastina)
	COURSE CITY/ST:	· · · · · · · · · · · · · · · · · · ·	✓ Repeating?
	COURSE CITY/ST:		
3)		COURSE:	√Repeating?
	COURSE CITY/ST:		
Note: If you are	registering for more than three cours	e, please use the Block Discount Form to receive bigger discounts.	
NAME:		CREDENTIALS: []PT []PTA []OT []LMT []Other	r
HOME ADD:		WORK TEL: ()	
CITY:		HOME TEL: ()	
STATE:	ZIP:	EMAIL:	
		[] Personal Check OR [] Company Mailing Cl	
CSV:			