

The McKenzie Institute® Course Registration (Registration form must be faxed or mailed – PLEASE PRINT CLEARLY)

Α	В	С	D		ADV EXT	CSU
\$650	\$650	\$690	\$690	Audit A-D	\$400	\$450
ONLINE PRE-REQUISITE				50% of course fees	(\$300 audit)	Audit fee is not-applicab

10% MIUSA Member Discount for all courses must be reflected in payment at time of registration

I AM A COSPONSOR EMPLOYEE									
By signing this registration form, I acknowledge that: 1) I have read and agreed to the terms of the Cancellation Policy provided on your website; 2) I must complete the online component and pass the test 7 days prior to start date for Parts A and B to be eligible to attend the live course; and 3) I am solely responsible for reviewing the practice act and other applicable laws of my profession to determine whether I can practice the McKenzie Method® in my jurisdiction.									
Signature is required to process registration:									
Course City:	Course Date:								
Mr. □ NAME Ms.□									
Home Address									
City			State:	ZIP:					
Phone (Cell)									
(Work)		Fax	#						
EMAIL (<u>MANDATORY</u>)									
Occupation		Prof	. License #						
EMPLOYER									
Work Address									
City			State:	ZIP:					
Payment Info (PRINT CLEARLY WITH ALL INFORMATION; MISSING OR INCORRECT INFO MAY RESULT IN A DELAY IN PROCESSING)									
☐ Check payable to: The McKenzie Institute									
USA MasterCard Discover □	Personal card Company card	3							
Cardholder Name:									
Card #:			E	xp. Date:					
<u>Billing</u> address:									
City, ST, Zip									
Signature:									
Fax or mail this form	with payment to:		For Office Use Only						
	p,		Course #:	Amt Daid:					

The McKenzie Institute® USA 432 N Franklin St, Ste 40 Syracuse, NY 13204-1559

Fax: (315) 471-7636

Student #: Date Paid: _ Ck# :_