

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

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

USA	I AM A COSPONSOR EMPLOYEE								
2) I must complete the3) I am solely responsil	online component and pas	ss the test 7 days prior to start	date for Parts A and B to be	Policy provided on your website; e eligible to attend the live course; and rmine what aspects of the McKenzie					
Signature is required to	process registration:								
Course City: Mr. □ NAME Ms.□		Course	Date:						
Home Address									
City			State:	ZIP:					
Phone (Cell)									
(Work)		Fax#							
EMAIL (MANDATORY)									
Occupation		Prof. Lic	cense #						
EMPLOYER									
Work Address									
City			State:	ZIP:					
Payment Info (PRII	NT CLEARLY WITH ALL I	INFORMATION; MISSING OR	INCORRECT INFO MAY I	RESULT IN A DELAY IN PROCESSING)					
☐ Check payable to: ☐	The McKenzie Institute								
□ VISA □ MasterCard □ Discover □ Discover □ Personal card □ Company card □ Discover □ Personal card □ Discover □ Discover □ Personal card □ Discover □ Discover □ Discover □ Discover □ Personal card □ Discover									
Cardholder Name	:								
Card #	Exp. Date:								
City, ST, Zip									
Signature	:								
E-mail, fax or mail thi	is form with payment to	:	For Office Use Only						
wendy@mckenzieinsti	• •		Course #:	Amt. Paid:					

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

Fax: (315) 471-7636

Student #:

Date Paid:

Confirm#:

Ck#: