



THE MCKENZIE INSTITUTE® USA

The McKenzie Institute® Course Registration

PLEASE PRINT CLEARLY

MISSING OR INCORRECT INFO MAY RESULT IN DELAYED PROCESSING

A	B	C	D	Adv EXT	Adv CDM	Adv PRO
\$650 <input type="checkbox"/>	\$650 <input type="checkbox"/>	\$690 <input type="checkbox"/>	\$690 <input type="checkbox"/>	\$400 <input type="checkbox"/>	\$450 <input type="checkbox"/>	\$450 <input type="checkbox"/>
Retake \$325 <input type="checkbox"/>	Retake \$325 <input type="checkbox"/>	Retake \$345 <input type="checkbox"/>	Retake \$345 <input type="checkbox"/>	Retake \$300 <input type="checkbox"/>	Retake N/A	Retake N/A
(Includes Online Prerequisite)	(Includes Online Prerequisite)					
<input type="checkbox"/> I AM A COSPONSOR EMPLOYEE						

By completing this registration form, I acknowledge that: 1) I have read and agreed to the terms of the Cancellation Policy provided on your website; 2) **For Parts A and B, I must complete the online component and pass the test NO LATER than the Wednesday prior to the course start date to be eligible to attend the live course;** and 3) I am solely responsible for reviewing my practice act and other applicable laws of my profession to determine what aspects of the McKenzie Method® I can practice in my jurisdiction.

Course City or ONLINE: _____ Course Date: _____

Mr.
NAME Ms.

Home Address _____

City _____ State: _____ ZIP: _____

Phone (Cell) _____
(Work) _____ Fax # _____

EMAIL **(MANDATORY)** _____

Occupation _____ Prof. License # _____

EMPLOYER _____

Work Address _____

City _____ State: _____ ZIP: _____

PAYMENT INFO:

Check payable to: The McKenzie Institute

VISA Personal card MIUSA Member – 10% course discount (excluding retakes) must be reflected in payment at the time of registration. No refunds will be issued.

MasterCard Company card

Discover

Amex

Cardholder Name: _____

Card #: _____ Exp. Date: _____ CCV#: _____

Billing address: _____

City, ST, Zip _____

Signature: _____

E-MAIL, FAX OR MAIL THIS FORM WITH PAYMENT TO:

wendy@mckenzieinstituteusa.org

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

Fax: (315) 471-7636

For Office Use Only

Course #: _____ Amt. Paid: _____

Student #: _____ Confirm#: _____

Date Paid: _____ Ck#: _____