



The McKenzie Institute® USA The McKenzie Case Manager Registration Form

(PLEASE PRINT CLEARLY, MISSING, OR INCORRECT INFO MAY RESULT IN A DELAY IN PROCESSING)

Volume 1

Volume 2

Volume 3

Terms of Agreement: By completing this registration form, I acknowledge:

1. I am aware of the strong recommendation for Part D completion with the understanding that this course is an advanced level of MDT case study; I hereby assert that my level of understanding, or experience is appropriate in my estimation.
2. I have completed the system check and confirm my system meets all necessary conditions.
3. I declare that I will be the sole participant in the course and that the work will be my own to its completion and submission of the course evaluation.
4. I understand that I may reside in a state that does not accept home study courses for continuing education units (CEU's) and I acknowledge/accept that my course completion may not provide such credit in my state.
5. I understand that all sales for online courses are final and I am not entitled to a refund under any circumstances.

Mr. Name Ms.

Home Address _____ City _____

State _____ ZIP _____ Phone (Cell) _____

(Work) _____ Fax # _____

EMAIL (Must provide to use online services) _____

Occupation _____ Prof. License # _____

Employer _____

Work Address _____

City _____ State _____ ZIP _____

COURSE FEE: Members \$125.00 (Member fee must be reflected in payment upon registration. Sorry, no refunds will be given.)
 Non-Members \$225.00

PAYMENT INFO:

Check payable to: The McKenzie Institute

VISA Personal card MIUSA Member – 10% course discount (excluding audits) must be reflected in payment at the time of registration. Sorry, no refunds will be given.

MasterCard Company card

Discover

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#: _____