

Course Title: _____

Course Registration Form



Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Phone: _____ Email Address: _____

License Number: _____ Clinical Designation (PT, OT, etc) _____

Employer: _____

How would you like the course manual?

- Hard Copy, Available at the course
- Electronic Copy, Emailed 48 hours before the course

*Disclaimer: Participants who choose to receive an electronic course manual will NOT receive a printed manual the day of the course. The electronic course manual will be emailed as an Adobe PDF attachment 48 hours prior to the course date.

How did you hear about this course?

- Search Engine Email Advertisement Brochure Mailing Conference Other _____

Date of Course: _____

Cost of Course: _____

Method of Payment:

- Check Cash Department*

*For Brooks/Americare employees only. If you are a Brooks or Americare employee, and your department is paying for you to attend this course, please have your department manager sign below, and (for Brooks employees only) provide the cost center number.

Cost Center: _____

Approving Manager: _____ (please print) Manager Signature: _____

Please mail this form along with payment to:
Brooks Rehabilitation
Attn: McKenzie Kelly
3599 University Blvd., South
Jacksonville, FL 32216