

Course Registration Form

Company/Facility Name: _____

Address: _____

Street Address

Suite #

City

State

ZIP Code

Contact Name: _____

Phone: _____

Email Address: _____

How did you hear about this course?

Search Engine Email Advertisement Brochure Mailing Conference Other _____

Ticket Information:

Please check the BAPS package you would like to purchase in the table below.

Type	Price	Select
Individual (1 year)	\$250	<input type="checkbox"/>
Facility: 3-10 Clinicians (1 year)	\$750	<input type="checkbox"/>
Facility: 11-50 Clinicians (1 year)	\$1,000	<input type="checkbox"/>
Facility: 51-150 Clinicians (1 year)	\$1,500	<input type="checkbox"/>
Facility: 151-250 Clinicians (1 year)	\$2,000	<input type="checkbox"/>
Facility: > 250 Clinicians (1 year)	\$2,500	<input type="checkbox"/>

****Note:** After enrollment, those purchasing a facility package will need to send a one-time list of names and license numbers for the clinicians at their facility (for CE tracking purposes).

Method of Payment:

Corporate Check Personal Check

*All checks payable to Brooks Rehabilitation.

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