

**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)	\$295	<input type="checkbox"/>
Facility: 3-5 Clinicians (1 year)	\$600	<input type="checkbox"/>
Facility: 6-20 Clinicians (1 year)	\$750	<input type="checkbox"/>
Facility: 21-50 Clinicians (1 year)	\$1,000	<input type="checkbox"/>
Facility: >50 Clinicians (1 year)	\$1,500	<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 Barbera**  
**3599 University Blvd, South**  
**Jacksonville, FL 32216**