

Educise Resources Inc. Registration Form

P.O. Box 1480, Massapequa, NY 11758 Tel: (516) 798-4263 Fax: (516) 797-3420 Email: educise@yahoo.com

CONTACT INFORMATION

First Name: _____ **Last Name:** _____
Address: _____ **City:** _____
State: _____ **Zip Code:** _____
Home Phone: _____ **Cell Phone:** _____
E-mail: _____ **Fax:** _____
Profession: _____ **Work Phone:** _____

COURSE SELECTION - *please call or email with any courses you would like to see become available*

Please check the course(s) that you would like to register for, and enter the number of registrants:

MFR1: Myofascial Release Level 1	x \$199.00 = \$
MFR2: Myofascial Release Level 2 with Craniosacral Therapy	x \$199.00 = \$
CST1: Craniosacral Therapy 1	x \$199.00 = \$
INMR1: Integrated Neuromuscular Re-Education, Muscle Energy & Positional Release 1	x \$199.00 = \$
INMR2: Integrated Neuromuscular Re-Education, Muscle Energy & Positional Release 2	x \$199.00 = \$
OMTN: Orthopedic Manual Therapy: Neck	x \$199.00 = \$
OMTB: Orthopedic Manual Therapy: Back	x \$199.00 = \$
OMTS: Orthopedic Manual Therapy: Shoulder	x \$199.00 = \$
PRO: Post Rehab of Orthopedic Injuries	x \$199.00 = \$
GB: Get on the Ball! Manual Therapy & Exercise Using the Swiss Ball	x \$199.00 = \$
Other:	x \$199.00 = \$
Totals:	x \$199.00 = \$

QUESTIONS - *please call or email with any details not able to be written on this form*

Do you require any special services, information, or equipment? Yes No
Do you require hotel or travel information? Yes No
Do you require CEU credit for any courses? Yes No

PAYMENT METHOD - *please make all checks payable to Educise Resources Inc.*

Personal Check Employer Check Money Order MasterCard Visa **Amount: \$**

Cardholder Name: _____ **Card #:** _____
Card Security Code: _____ **Expiration Date:** _____
Billing Zip Code: _____ **Signature:** _____

EDUCISE PRIVACY POLICY

I certify that I have no personal limitations that may adversely affect my participation in the course. For any technique courses, I will not participate in any practice that may be contraindicated for my health condition. We respect your right to privacy. Educise will not trade, sell, share, or rent your personal information to a third party without your consent. Please select one:

I DO or **I DO NOT** allow Educise to share my personal information with third parties.

Signature: _____

Date _____

The stated course fees are only for courses sponsored by Educise Resources Inc. Other sponsors may offer a different fee. Fees subject to change without notice.

HOW DID YOU HEAR ABOUT EDUCISE?

Internet Direct Mail Employer Publication: _____ Other: _____