

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)

Company Name:

If this course requires a home study component please initial the following:

___ I understand that the home study component must be completed at least 24 hours prior to attending the live on-site session.

___ I understand the home study includes pre-reading materials and a quiz that must be passed with a 70% or higher.

___ I understand that information on how to access the online home study will be provided in my registration payment confirmation email.

How did you hear about this course?

Search Engine Email Advertisement Brochure Mailing Conference Social Media

Friend/Colleague Other (please specify) _____

Date of Course: _____

Cost of Course: _____

Method of Payment:

Check Cash Department*

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

Cost Center: _____

Approving Manager: _____
(please print)

Manager Signature: _____

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