

Brooks Clinician Course Registration Form

Department/Division 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 Brooks Innovative Topics in Rehabilitation package you would like to purchase in the table below.

Type	Price	Select
Individual (1 year)	\$100	<input type="checkbox"/>
Brooks: 3-10 Clinicians (1 year)	\$300	<input type="checkbox"/>
Brooks: 11-50 Clinicians (1 year)	\$400	<input type="checkbox"/>
Brooks: 51-150 Clinicians (1 year)	\$600	<input type="checkbox"/>
Brooks: 151-250 Clinicians (1 year)	\$800	<input type="checkbox"/>
Brooks: < 250 Clinicians (1 year)	\$1000	<input type="checkbox"/>

****Note:** After enrollment, those purchasing a package will need to send a one-time list of names and license numbers for the participating clinicians in their Department/Division to info@BrooksIHL.org for CEU submission purpose.

Registration Methods:

Cost Center: _____ Approving Manager: _____
(please print)

Manager Signature: _____

Credit Card: [Enroll on our website](#)

Please email this form to:
info@brooks.ihl.org