

**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.

<b>Type</b>	<b>Price</b>	<b>Select</b>
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 email this form along with payment  
to: [info@brooks.ihl.org](mailto:info@brooks.ihl.org)

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