

**Course Registration Form**

Full Name: \_\_\_\_\_

*Last*

*First*

*M.I.*

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

Phone: \_\_\_\_\_

If Brooks Employee,  
please use Brooks  
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     Department\*

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\*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:** \_\_\_\_\_