

**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.

**Lab Consent**

\_\_\_ I am voluntarily agreeing to be a part of a continuing education course lab and hereby release and discharge, and agree to indemnify and hold harmless, Brooks Rehabilitation and all affiliated or related entities, their respective officers, directors, trustees, employees, agents and representatives from any claims, liabilities and financial responsibility resulting from or arising out of any incident, injury or accident occurring while I am attending or participating in the lab activity or I am on Brooks Rehabilitation property, excluding any claims or liabilities arising out of the gross negligence or willful misconduct of Brooks Rehabilitation or its employees or agents.

**How did you hear about this course?**

- Search Engine       Email Advertisement       IHL Website       Conference       Social Media
- Friend/Colleague Name of person \_\_\_\_\_  Other (please specify) \_\_\_\_\_

**Don't get left behind**

- Opt-in  
Yes, I'd like to receive promotional emails, discount codes, and early access to courses and articles
- Opt-out  
No, I don't want to receive promotional emails, discount codes, or early access to courses and articles.

Date of Course: \_\_\_\_\_ Cost of Course: \_\_\_\_\_

Method of Payment:  Check       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: \_\_\_\_\_