## Robin McKenzie Institute Canada



Course Registration (Form must be faxed or mailed – PLEASE PRINT CLEARLY)

Α		В		С		D		AUDIT TYPE		Adv Ext		CSU			
	\$650		\$650		\$699		\$699	Audit A-D			\$450		\$595.00		
HOST	ING CLINIC	EMPLOYEE						50% of course fe	ees		(\$300 audit)		Audit fee is not- applicable		
MDT Workshop \$150.00-\$225.00										Membership rates – see below in payment section					

2) I m 3) I ar	g this registration ust complete the n solely responsil jurisdiction.	online cor	mponent	and pass the	e test 7 days ¡	prior to s	tart date fo	or Parts A a	nd B to be	e eligible to att	end the live	cours	e; and	e Method <sup>®</sup> in	
Signatu	ıre is required	to proce	ess regis	stration:											
Course City:									Course Date:						
I NAME	Mr. □ Ms.□														
Home A	ddress														
City								Prov: Postal Code:							
	Phone (Home or Cell)						Work#								
EMAIL- PLEASE PRINT (We require in order to provide access to online course services)															
Occupation Type								icense # udents Enter Expected Grad Date							
	y Name OR ent Education f														
Work Ac	Idress Line 1														
City								Prov:				Postal Code:			
Paym	ent Info (PR	RINT CLE	ARLY N	/ITH ALL II	NFORMATIC	ON; MIS	SING OR	INCORRE	CT INFO	MAY RESU	LT IN A DE	ELAY	IN PROC	CESSING)	
	Cheque made payable to: The Robin McKenzie Institute							Canada Date Sent:							
	VISA MasterCard	MI-Canada Member – 10% course discount (excluding audits) must be reflected in payment at the time of registration. Sorry, no refunds will be given.													
Cardholder Name:															
Card #:										Exp. Date	):				
	Billing addres	ss:													
City, P	rov, Postal Co														
	Signatur	re:													

Fax or mail this form with payment to:

The Robin McKenzie Institute Canada

72 Pinehurst Drive

Dorchester, ON N0L 1G2 Fax: (519) 268-8151 Questions, call: 1-800-463-8568 or (519) 268-2691

www.mckenzieinstitutecanada.org