

## GROUP Course Registration Form

(Form must be faxed, scanned or mailed – PLEASE PRINT CLEARLY)

<b>A/B</b>	<b>\$585.00</b>	<b>C/D</b>	<b>\$629.10</b>	<b>Adv.Ext</b>	<b>\$405.00</b>	<b>CSU</b>	<b>N / A</b>
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By signing this registration form, I acknowledge that: 1) I have read and agreed to the terms of the Group Policy provided on your website; 2) I have read and agreed to the terms of the Cancellation Policy provided on your website; 3) I must complete the online component and pass the test 7 days prior to start date for Parts A and B to be eligible to attend the live course; and 4) I am solely responsible for reviewing the practice act and other applicable laws of my profession to determine whether I can practice the McKenzie Method® in my jurisdiction.

<b>Course City:</b>					<b>Course Date:</b>	
<b>Course Type:</b>						
Mr. <input type="checkbox"/>						
NAME Ms. <input type="checkbox"/>						
Home Address						
City		Prov:		Postal Code:		
Phone (Home or Cell)		Work#				
<b>EMAIL</b> (We require in order to provide access to online course services)						
Occupation Type		Professional License #				
<b>LIST NAMES</b> OF OTHER PRACTITIONERS ATTENDING THE COURSE WITH YOU (min 2 other names required for group rate)						
WORK NAME		City				
WORK ADDRESS		P.C.				

### Payment Info (PLEASE PRINT CLEARLY)

<input type="checkbox"/>	<b>Cheque made payable to:</b> The Robin McKenzie Institute Canada	<input type="checkbox"/> A \$585.00	<input type="checkbox"/> B \$585.00
<input type="checkbox"/>	<b>VISA or MasterCard</b>	<input type="checkbox"/> C \$629.10	<input type="checkbox"/> D \$629.10
		<input type="checkbox"/> Adv. Extremities \$405.00	
<b>Cardholder Name:</b>			
<b>Cardholder NUMBER:</b>		<b>Exp. Date:</b>	
<b>Billing address</b> (if different from above)			
<b>Signature agreeing to charge, cancellation terms &amp; adherence to MIC group policy:</b>			

**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

#### For Office Use Only

Date Paid: \_\_\_\_\_ CK# : \_\_\_\_\_