



# The McKenzie Institute® Course Registration

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

A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	<input type="checkbox"/>	E <input type="checkbox"/>	CSU <input type="checkbox"/>
\$650	\$650	\$690	\$690	Audit A-D 50% of course fees	\$400 (\$200 audit)	\$450 Audit fee is not-applicable
ONLINE PRE-REQUISITE						

10% MIUSA Member Discount for all courses must be reflected in payment at time of registration

I AM A COSPONSOR EMPLOYEE

By signing this registration form, I acknowledge that: 1) I have read and agreed to the terms of the Cancellation Policy provided on your website; 2) 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 3) 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.

**Signature is required to process registration:**

Course City: \_\_\_\_\_ Course Date: \_\_\_\_\_

NAME Mr.  Ms.

Home Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Cell # \_\_\_\_\_

(Work) \_\_\_\_\_ Fax # \_\_\_\_\_

EMAIL (Must provide to use online services) \_\_\_\_\_

Occupation \_\_\_\_\_ Prof. License # \_\_\_\_\_

EMPLOYER \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Payment Info (PRINT CLEARLY WITH ALL INFORMATION; MISSING OR INCORRECT INFO MAY RESULT IN A DELAY IN PROCESSING)

Check payable to: The McKenzie Institute

VISA

MasterCard

Discover

Personal card

Company card

MIUSA 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 address: \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Signature: \_\_\_\_\_

Fax or mail this form with payment to:

The McKenzie Institute® USA  
432 N Franklin St, Ste 40  
Syracuse, NY 13204-1461

**Fax: (315) 471-7636**

#### For Office Use Only

Course #: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_

Student #: \_\_\_\_\_ Confirm#: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Ck# : \_\_\_\_\_

Questions, call: 1-800-635-8380 or (315) 471-7612

[www.mckenziemdt.org/index\\_us.cfm](http://www.mckenziemdt.org/index_us.cfm)