

The McKenzie Institute® Online Course – The McKenzie Case Manager Registration Form

Terms of Agreement:

1. I am aware of the strong recommendation for Part D completion with the understanding that this course is an advanced level of MDT case study; I hereby assert that my level of understanding or experience is appropriate in my estimation.
2. I have completed the system check and confirm my system meets all necessary conditions.
3. I declare that I will be the sole participant in the course and that the work will be my own to its completion and submission of the course evaluation.
4. I understand that I may reside in a state that does not accept home study courses for continuing education units (CEU's) and I acknowledge/accept that my course completion may not provide such credit in my state.
5. I understand that all sales for online courses are final and I am not entitled to a refund under any circumstances.

Signature is required to process registration: _____

Mr. Name Ms. _____

Home Address _____ City _____

State _____ ZIP _____ Phone (Home) _____

(Work) _____ Fax # _____

EMAIL (Must provide to use online services) _____

Occupation _____ Prof. License # _____

Employer _____

Work Address _____

City _____ State _____ ZIP _____

WHY ARE YOU NOT REGISTERING ONLINE? (Please check one to help us serve you better.)

Company Policy Not personally comfortable making payment online Other _____

COURSE FEE: Members \$125.00 **(Member fee must be reflected in payment upon registration. Sorry, no refunds will be given.)**
 Non-Members \$225.00

Payment Method:

- Check payable to: The McKenzie Institute
- Visa Mastercard Discover *(Please check one) Personal Card – or – Company Card

Please fill out completely; missing or incorrect information will result in a delay in processing

Cardholder Name: _____

Card #: _____ Exp. Date: _____

Billing Address: _____

Signature of Cardholder: _____



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#: _____
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