



THE MCKENZIE INSTITUTE® USA

The McKenzie Institute® USA Masterclass Registration Form

PLEASE PRINT CLEARLY MISSING OR INCORRECT INFO MAY RESULT IN DELAYED PROCESSING

MDT and the Athlete

\$450 []

Chronic Pain

\$450 []

I AM A COSPONSOR EMPLOYEE []

By completing this registration form, I acknowledge that: I have read and agreed to the terms of the Cancellation Policy provided on your website and I am solely responsible for reviewing my practice act and other applicable laws of my profession to determine what aspects of the McKenzie Method® I can practice in my jurisdiction.

Course City or ONLINE: _____ Course Date: _____

NAME Mr. [] Ms. [] _____

Home Address _____

City _____ State: _____ ZIP: _____

Phone (Cell) _____

(Work) _____ Fax # _____

EMAIL (MANDATORY) _____

Occupation _____ Prof. License # _____

EMPLOYER _____

Work Address _____

City _____ State: _____ ZIP: _____

PAYMENT INFO:

- Check payable to: The McKenzie Institute
[] VISA [] MasterCard [] Discover [] Amex
[] Personal card [] Company card
[] MIUSA Member - 10% course discount (excluding retakes) must be reflected in payment at the time of registration. No refunds will be issued.

Cardholder Name: _____

Card #: _____ Exp. Date: _____ CCV#: _____

Billing address: _____

City, ST, Zip _____

Signature: _____

E-MAIL, FAX OR MAIL THIS FORM WITH PAYMENT TO:

wendy@mckenzieinstituteusa.org

The McKenzie Institute® USA
432 N Franklin St, Ste 40
Syracuse, NY 13204-1559

Fax: (315) 471-7636

For Office Use Only

Course #: _____ Amt. Paid: _____

Student #: _____ Confirm#: _____

Date Paid: _____ Ck#: _____

Questions, call: (800) 635-8380 or (315) 471-7612
www.mckenzieinstituteusa.org