



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**

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                       Personal card                       MIUSA Member – 10% course discount (excluding retakes) must be reflected in payment at the time of registration. No refunds will be issued.
- MasterCard               Company card
- Discover
- Amex

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](mailto: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](http://www.mckenzieinstituteusa.org)