



THE MCKENZIE  
INSTITUTE® USA

# The McKenzie Institute® Course Registration

PLEASE PRINT CLEARLY

MISSING OR INCORRECT INFO MAY RESULT IN DELAYED PROCESSING

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>Adv EXT</b>	<b>Adv CDM</b>	<b>Adv PRO</b>
\$650 <input type="checkbox"/>	\$650 <input type="checkbox"/>	\$690 <input type="checkbox"/>	\$690 <input type="checkbox"/>	\$450 <input type="checkbox"/>	\$450 <input type="checkbox"/>	\$450 <input type="checkbox"/>
Retake \$325 <input type="checkbox"/>	Retake \$325 <input type="checkbox"/>	Retake \$345 <input type="checkbox"/>	Retake \$345 <input type="checkbox"/>	Retake N/A	Retake N/A	Retake N/A
(Includes Online Prerequisite)	(Includes Online Prerequisite)					
<input type="checkbox"/> I AM A COSPONSOR EMPLOYEE						

**By completing this registration form, I acknowledge that:** 1) I have read and agreed to the terms of the Cancellation Policy provided on your website; 2) **For Parts A and B, I must complete the online component and pass the test NO LATER than the Wednesday prior to the course start date to be eligible to attend the live course;** and 3) 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: \_\_\_\_\_

Mr.   
NAME 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)