



# The McKenzie Institute® The McKenzie Case Manager Registration Form

Volume 1



Volume 2



Volume 3



**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 (Cell) \_\_\_\_\_  
 (Work) \_\_\_\_\_ Fax # \_\_\_\_\_  
**EMAIL (Must provide to use online services)** \_\_\_\_\_  
 Occupation \_\_\_\_\_ Prof. License # \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Work Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**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 13204-1559**  
**Fax: (315) 471-7636**

For Office Use Only	
Course #: _____	Amt. Paid: _____
Student #: _____	Confirm#: _____
Date Paid: _____	Ck# : _____