



MBSImP™© Discounted Enrollment Form



Use this form to redeem:

- Previous seminar attendee discount
 - Group of 3+ discount*
- *Groups must submit all forms together

Name _____ Degree (i.e. MS, CCC-SLP) _____

ASHA Number _____ Facility/Hospital _____

Home Street Address _____ SLP License # _____

City _____ State/Province _____ Postal Code _____

email _____ Phone _____

Tuition Amount:

___ Yes, I have attended the MBSImP Seminar. Which city? _____

___ No, I have not attended the MBSImP Seminar.

\$600 Individual

- _____ \$200 ATTENDEE CREDIT for attending the MBSImP Seminar

- _____ \$100 GROUP CREDIT as part of a group of 3 or people*

= _____ Total Tuition *after discount(s)*

Payment:

Check # _____ Purchase Order # _____

Credit: ___ visa ___ m/c ___ Dis ___ amex

Card # _____

Exp date ___ / ___ 3 or 4 digit CV # _____

Payment Information:

Name on credit card *if different from above* _____

Billing address *if different from above* _____

City _____ State/Province _____ Postal Code _____

TO SUBMIT FORM:

1. Fax to 888-696-9655
2. Mail with check or purchase order to: NSS | PO Box 1247 | Gaylord, MI 49734

You will receive an *email* confirmation when your MBSImP Training Account has been activated.
*Groups must submit all enrollment forms together.