



eCourse Group Registration Form

Groups of 3 or more are eligible for a 20% discount on each registration. To receive this discount, we need to receive all of the registrations at the same time – whether by mail, fax, or email. Payment can be all together or individually.

eCourse # _____ **Regular Price** _____ **20% Discount Price** _____
(Discount does not apply to #'s e01, e02, & e03.)

Name of Registrant _____

ASHA Account Number _____

State License Number _____

Discipline: SLP SLPA Other: _____

Billing Address _____

Home Address _____

Work Phone # _____

Home Phone # _____

Cell Phone # _____

Email Address _____

Check or Purchase Order # _____

Credit Card # _____

(Visa, MC, AMEX, Discover)

Expiration Date _____ CV#* _____

**CV# is the last 3 digit on the signature panel of Visa/MC/Discover * 4 digit # above card # on front of AMEX*

Card Holder's Name _____

Card Holder's Signature _____

Card Holder's Address _____