

# #e01 MBSImP Discounted Enrollment Form

## Enrollee Information

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

ASHA Number \_\_\_\_\_ Facility/Hospital \_\_\_\_\_

Home Street Address \_\_\_\_\_ SLP License # \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

email \_\_\_\_\_ Phone \_\_\_\_\_

## Tuition Credits - Please check all that apply

### \$600 Individual Tuition

\_\_\_\_ **\$200 Seminar Attendee Credit** List city of MBSImP seminar \_\_\_\_\_

\_\_\_\_ **\$100 Group Credit \***

Applies for those enrolling with 3 or more SLPs, or if joining an existing MBSImP group.

If joining existing group, please list facility name:

\_\_\_\_ **\$100 Intro Course Credit** Applies for those who previously enrolled in course #e001

\_\_\_\_ **\$100 Grad Student Credit** Applies for those who previously enrolled in course #e95

\$\_\_\_\_\_ **Tuition Due** after discount(s). Tuition is in US dollars.

## 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.*