

#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

\$625 Individual Tuition

\$125 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: _____

\$125 Intro Course Credit Applies for those who previously enrolled in course #e001

\$125 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.*