

BRI Seminars Registration Form

Send payments to:

Biofeedback Resources International
109 Croton Ave, 2nd Fl, #5
Ossining, NY 10562-5102

FAX: 914-762-2281

Please fill out the following and return. Print all information
Name as you would like it for the certification with any initials or credentials:

Name: _____

Mailing address _____

City _____ State _____ Zip _____

Telephone (office) _____ (home) _____

Email: _____

Where did you hear about us? _____

Registering for: **EEG Neurofeedback Certification Program - \$995**

Dates attending: _____

Deposits: We require \$300 deposit when you sign up for the program.
The balance is due 14 days prior to the start date of the program.
We accept VISA, Master Card, AMEX or you can send us a check.

Total Amount Paying: \$ _____

Please check one: check enclosed credit card - # and Signature filled out below
Please charge to: Visa MasterCard AMEX

Credit Card # _____ Expiration Date _____

Credit Card Security # _____ (usually 3 or 4 digit # on back of card)

By signing below, Client acknowledges receipt of, and agrees to be bound by, the "Terms and Conditions for Training and Seminar Services Administered by Biofeedback Resources International Corporation," ("Terms and Conditions") a copy of which is available on BRI's website: www.biofeedbackinternational.com, and Client agrees to the terms specified above. Please note that the Terms and Conditions are subject to change. By scheduling and/or registering for a Seminar, Client agrees to be bound by the then current version of these Terms and Conditions.

Signature _____

Cancellation Policy:

Cancellations must be received in writing two weeks before the course date. An administrative fee of \$50.00 will be charged. We reserve the right to cancel. Although cancellation is extremely unlikely, should it be necessary, deposits will be refunded. We cannot be held responsible for restricted or non-refundable airfares.

For further info call 1-877-669-6463 / 914-762-4646 or email Diane@biofeedbackinternational.com