BRI Seminars Registration Form

Send payments to: Biofeedback Resources International 109 Croton Ave, 2nd FI, #240 Ossining, NY 10562-5102

FAX: 914-762-2281

Please fill out the following and re Name as you would like it for the	eturn. Print all information certification with any initials or credentials:
Name:	
Mailing address	
City	StateZip
Telephone (office)	(home)
Email:	
Where did you hear about us?	
Registering for: Peripheral Biofe	eedback BCIA Program - \$1195
Dates attending:	
We require \$300 deposit when yo The balance is due 14 days prior We accept VISA, Master Card, AM	to the start date of the program.
Total Amount Paying: \$	
Please check one:check enc Please charge to:VisaM	losedcredit card - # and Signature filled out below asterCardAMEX
Credit Card #	Expiration Date
Credit Card Security # (use	nally 3 or 4 digit # on back of card)
Seminar Services Administered by Biofeedbac which is available on BRI's website: www.bio	t of, and agrees to be bound by, the "Terms and Conditions for Training and k Resources International Corporation," ("Terms and Conditions") a copy of feedbackinternational.com, and Client agrees to the terms specified above. Please to change. By scheduling and/or registering for a Seminar, Client agrees to be ms and Conditions.
Cancellation Policy: Cancellations must be received in writing	two weeks before the course date. An administrative fee of \$50.00 will be

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

deposits will be refunded. We cannot be held responsible for restricted or non-refundable airfares.

charged. We reserve the right to cancel. Although cancellation is extremely unlikely, should it be necessary,