



## REGISTRATION INSTRUCTIONS



### ONLINE

www.Marianjoy.org/MPLI



### MAIL

Mail entire completed form and payment to:  
Marianjoy Rehabilitation Hospital  
Attention: Jaime Gorska  
26W171 Roosevelt Road  
Wheaton, IL 60187



### FAX

Fax completed form and payment to 630-909-6923



### QUESTIONS

Contact Jaime Gorska at education@marianjoy.org or at 630-909-6923

**AUGUST 13, 2016**

**Aphasia: Translating Evidence to Practice:** Registration Deadline: 7-29-16

### PARTICIPANT INFORMATION:

Name \_\_\_\_\_

Organization \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Check here to receive email updates on future classes.

### DISCIPLINE:

OT  OTA  PT  PTA  Nurse  SLP  School Couns.  Other \_\_\_\_\_

Social Worker: license # \_\_\_\_\_

**Require Special Accommodations (Please Specify):**

\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT METHOD:

Single Registration Fee: \$199  Marianjoy MSS/Registry Employee Fee: \$99  Northwestern Healthcare Employee Fee: \$149

CHECK made payable to "Marianjoy Rehabilitation Hospital"  VISA  MASTERCARD  AMEX  DISCOVER

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

### Cancellation/Refund Policy

A tuition refund less \$50.00 administrative fee is available if your cancellation request is received in writing within 7 days prior to the program date. No refunds will be granted after that date. In the unlikely event that Marianjoy must cancel an educational event for any reason, you will receive a full refund of your paid tuition. Marianjoy does not assume responsibility for any other expenses incurred by the registrant.

**PHOTO CONSENT:** Please note that photos will be taken during these classes and may be used in marketing materials.