REGISTRATION FOR BREINING INSTITUTE 2010 CE TRAINING SERIES

Mail or FAX to: Breining Institute, 8894 Greenback Lane, Orangevale, CA 95662 • FAX (916) 987-8823

SECTION 1. Please type or print all of your information clearly. **PLEASE USE SEPARATE SHEET FOR EACH PARTICIPANT.**

First Name

Middle Name

Last Name

Address (Number, Street, Apartment or Suite Number)

City

State

USA Zip Code

Primary Telephone Number (including Area Code)

Secondary Telephone Number (including Area Code)

E-mail Address

SECTION 2. Credit Card Payment Information (if paying by credit card): Circle type of card: **VISA** or **MasterCard**

Credit Card Number

Expiration Date

Full Name on Credit Card

Billing Address for Credit Card (if different than Address above)

City

State

USA Zip Code

Breining Institute is authorized to charge the following to this card. Total authorized: **$** **.00**

Authorized Credit Card Signature

Date

SECTION 3. REGISTRATION FEE: If paying by check, please make check payable to "Breining Institute"

Please select which session(s) will be attended	**Cost**	**Participants**	**TOTAL**
❑ **January 23, 2010:** Confrontation (4.0 hours Continuing Education)	$ 25.00		
❑ **March 20, 2010:** Confidentiality (4.0 hours Continuing Education)	$ 25.00		
❑ **May 15, 2010:** Ethics (4.0 hours Continuing Education)	$ 25.00		
❑ **July 17, 2010:** Sexual Harassment (4.0 hours Continuing Education)	$ 25.00		
❑ **September 18, 2010:** Rapid Eye Check Program (4.0 hours Continuing Education)	$ 25.00		
❑ **November 13, 2010:** 12 Core Functions (4.0 hours Continuing Education)	$ 25.00		

FOR DISCOUNT, MUST PREPAY FOR FIVE or SIX SESSIONS (no refunds)

❑ **Prepay for 5 or 6 SESSIONS:** Please select above which sessions you are planning to attend	$100.00		

OFFICE USE ONLY:

❑ **Payment by check** .....Amount _____ .....Date _____ ..... Check number_____

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