



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, Illinois 60187



FAX

Fax completed form and payment to 630.909.6960



QUESTIONS

Contact Jaime Gorska at educationmj@nm.org or at 630.909.6923

APRIL 20, 2017

Brain Attack! Stroke Overview and Update

Registration Deadline: April 6, 2017

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: \$149 Northwestern Medicine Employee Fee: \$119

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 administrative fee is available if your cancellation request is received in writing within 14 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.