

# PRI VISION SPONSORED COURSE

## PRI VISION COURSE REGISTRATION FORM:

Course Title: **Postural-Visual Integration**

Course Location \_\_\_\_\_ Course Dates \_\_\_\_\_

Name & Professional Credentials \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Email \_\_\_\_\_

Company \_\_\_\_\_

Preferred Method of Confirmation:  Email  Fax  Mail

Phone # \_\_\_\_\_ Fax# (if sending confirmation by fax) \_\_\_\_\_

Method of payment:

Check (enclosed)  MasterCard  Visa  Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Billing Address (if different from above) \_\_\_\_\_

How did you hear about the course? \_\_\_\_\_

### **Postural-Visual Integration**

Early Tuition (4 weeks prior to course date): **\$415**

Late Tuition (within 4 weeks of course date): **\$445**

**No discounts apply to this course**

**\*\*Each individual is responsible for state CEU approval\*\***

Mail checks and registration form to:

**PRI Vision**

5241 R Street, Suite 3 Lincoln, Nebraska 68504 · Phone 402.261.6793 · Fax 402.858.1037

[www.privisioncenter.com](http://www.privisioncenter.com)