

CERTIFIED TRIGENICS® TRAINER (C.T.T.) PROGRAM
2011 REGISTRATION AGREEMENT

Registrant Information (please PRINT clearly)

First name: _____ Last name: _____

Profession: _____

Address: _____

State/Prov: _____ Zip/Postal Code: _____ Country: _____

Phone(s): _____ Home: _____ Fax: _____

Mobile: _____ E-mail: _____

REFERRAL SOURCE (Please circle): Convention or Symposium (Name) _____

TV show/ Website / E-mail / Magazine Ad / Magazine article / Direct Mailing / Other /

Recommended by Colleague: name & phone # _____

Certified TRIGENICS® Trainer Course (C.T.T.)

PLEASE CIRCLE CHOSEN MODULE

DATE	LOCATION	SEMINAR
February 25-28, 2011	Toronto, ON	Certified Trigenics Trainer course
September 9-12, 2011	Toronto, ON	Certified Trigenics Trainer course
TBD	Sydney, Australia	Certified Trigenics Trainer course

SEMINAR CANDIDATE REQUIREMENTS

Candidate must have acquired a professional standing and designation as a Therapist, Trainer, Instructor or Coach. The course is also available to physiotherapists, chiropractors, osteopaths and naturopaths or to students of these professions.

C.T.T. DESIGNATION DIPLOMA

Upon successful completion of the course and examinations, the applicant will receive a diploma awarding them the designation of **Certified Trigenics Trainer** or **Certified Trigenics Therapist** with the suffix of **C.T.T.** after their name.

NB: Seminar dates may be subject to change.

Term 1: Course material will be sent before start of the program. The Institute must receive any course registration cancellation requests in writing **before** any proprietary Trigenics® material is mailed to the student. In cases where a refund cancellation request is received by the Institute in writing before date of mail-out, a 20% administrative fee of the total regular full course fee will apply and be deducted. **NB: Payment of the total amount on this form is for the proprietary trademarked and patent-pending course information contained in the Trigenics® material.** (There is no additional fee for attendance and completion of the course.) **Once the candidate is sent or has received proprietary Trigenics® Course information in the form of manuals and/or DVD's or the registrant has commenced the course, the candidate is responsible to pay the above full amount with no refund of any fees to be granted for any reason.**

Term 2: If, for any reason, the participant defaults on his/her contracted payment obligations, the participant hereby authorizes the Institute or its assignee to collect the outstanding monies, plus service charges and interest in any method available to them or their representatives. In any default situation, the participant acknowledges and authorizes that he/she may be billed at any time in the future, through the drawing of electronic, magnetic, or paper debits from their credit card or bank account.

Term 3: The Trigenics® Institute reserves the right to cancel or adjust program dates, times or locations. The Institute will not be responsible for registrants' expenses should any program changes occur. In the event of a course date change or cancellation by the Institute, registrant payment will be credited to another scheduled date of the registrants choosing.

Term 4: The candidate acknowledges that "Trigenics" is a proprietary registered trademark and treatment system with a patent pending on the procedures. They herewith agree to abide by all licensing requirements and to not use the Trigenics trademark in any way without a current C.T.T.® license or current C.T.T.® designation and prior written approval by The Trigenics® Institute. **Any material written by the registrant containing the Trigenics® mark must be submitted to the Institute and must be subject to its approval prior to being printed or published.** The trademark "Trigenics®" and/or the associated patent-pending procedures are restricted for use by only those professionals who have attained C.T.T. status and who maintain a current license to practice with all annual licensing dues paid and up to date. Any other use is prohibited by law with punitive damages.

Term 5: The candidate agrees not to divulge any specific information on the Trigenics[®] procedures to any other colleagues or health professionals without written approval by the Institute. Duplication of manual or audio/video material in any way is strictly prohibited and the undersigned hereby agrees not to copy any of the material.

Term 6: Shipping and handling charges and applicable taxes for mail or courier of course materials will be added to course fee and charged to the registrant.

Term 7: The undersigned hereby authorizes the International Institute of Trigenics[®], aka the Trigenics[®] Institute of Functional Neurology ("the Institute"), to prepare debits, paper or electronic entry through Visa, MasterCard, American Express or checking account covering payments due by the undersigned to the Institute to cover any and all payments owing and appropriate or applicable taxes and bank service charges as well as ongoing licensing dues.

Please provide a list of other colleagues that you feel may be interested in Trigenics[®] (Course credit given for referrals.)

	Name	Profession	Phone	E-mail
1.				
2.				

Credit Card Holder's Name: _____

(Circle) VISA/MC/AMEX #: _____ Exp. _____

I (we) hereby authorize the Trigenics Institute to debit my VISA, MasterCard, or American Express through paper or electronic entry, in the

Total amount of \$ _____ + Shipping and Handling

If paying by cash or cheques, registrants are still required to provide a credit card number for coverage of Trigenics[®] licensing dues.

I certify that I have read and understand the terms of this agreement and the **Trigenics[®] Institute** rules and policies and agree to abide by such policies and acknowledge receipt of a copy of this agreement.

Print name: _____ Signature: _____ Date: _____

Please mail or fax this registration form with payment to: **TRIGENICS[®] INSTITUTE OF FUNCTIONAL NEUROLOGY**
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E-mail: info@trigenicsinstitute.com www.trigenics.com