

# Integrity Biofeedback Academy

## Course Registration

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Designation if applicable (*please check*): \_\_\_ CBT; \_\_\_ CBS; \_\_\_ CBI

Company Name if applicable: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office Phone if applicable: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

List Course(s) or Seminar(s) you are registering for:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What other information would you like us to know about you? (*education, experience, needs, desires, etc. relevant to the courses / seminars for which you are registering*)

---

---

---

---

---

**Courses/Seminars must be paid in advance.  
You will receive confirmation from Integrity Academy  
within 24 hours.**

**Questions? Call 239-221-8977**

*Thank you!*