

TRIGENICS® COURSE REGISTRATION AGREEMENT

Registrant Information: (please read entire agreement carefully and PRINT clearly)

First Name: _____ Last Name: _____ D.O.B. _____ Profession: _____

DOCTOR / PHYSIOTHERAPIST / TRAINER / License # _____ / _____ STUDENT (Date of Graduation) mo/yr _____ / _____

Clinic Name: _____ Address: _____ City: _____ State/Prov: _____

Zip/Postal Code: _____ E-mail: _____ Website: _____

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

Cell/Mobile: _____ **Mandatory Head shot included** (Please send to institute@trigenics.com)

Shipping Address for Materials (only required if not shipping to clinic address above):

Address: _____ City: _____ State/Prov: _____ Zip/Postal Code: _____

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

Website / E-mail / Direct Mailing / Magazine _____ (name) / Other _____

/ Recommended by Colleague: name & phone # _____

COURSE CANDIDATE REQUIREMENTS

For RTP® candidates: Health Professional with a **minimum** 2000 hours of education in manual medicine related subjects. This includes Doctors of Chiropractic / Medical Doctors / Physiotherapists /Registered Massage Therapists / Osteopaths / Kinesiologists / Naturopaths / Yoga & Pilates Instructors / Manual Medicine Health Practitioners / Licensed, University-trained Athletic Therapists.

For CTT® Candidates: Health Professionals who have acquired a professional standing and designation as a Physiotherapist / Registered Massage Therapist, / Doctor of Chiropractic / Osteopath / Kinesiologist / Yoga and Pilates Instructor / High Level Elite Trainers / Manual Medicine Health Practitioners / and students of the these professions.

COURSE ASSIGNMENTS AND EXAMINATIONS

All RTP® and CTT® candidates: required to submit 5 multiple choice format exam questions for submission to the Trigenics® Institute. The candidate is also required to complete a multiple choice pre-course quiz prior to attendance of the course. Successful passing of an oral-practical examination is also required. Short oral practical examinations may be given at the end of course days. Each candidate must complete a written or multimedia project or thesis as well as a case study to be received by head office no later than 2 weeks after taking the final part of the course.

COURSE DATES AND ORDER OF ATTENDANCE

Once tuition has been paid, the Trigenics® course may be taken in any order of modular attendance. 4-day internship course only requires attendance of that module. Dates of attendance for the RTP and Advanced Courses are to be marked on this form.

ATTENDANCE AND SIGN IN PROCEDURES

It is the candidate's responsibility to sign in and out each day. Failure to do so could result in a reduction of CE credit hours (where applicable).

GRADING AND RE-EXAMINATION

In order to complete and pass all individually graded sections, the student must attain a minimum passing grade of 75% on all individual assignments and examinations. If the student should fail to achieve a minimum of 75% on an examination, they will be required to be re-examined at a later date. Failure to achieve an overall minimum of 75% or successful completion prior to the end of the course will require the registrant to submit procedural write-ups or cause deduction of marks.

RE-CERTIFICATION

Re-certification requires attendance of 12 hours every 2 years during any one weekend of any Trigenics® course at a cost of \$450. Alternatively every other year, these hours can be attained online or with home study by purchasing Trigenics® Training materials.

DIPLOMA REGISTRATION

Upon successful completion of the **Trigenics® Practitioner Program** the applicant will receive a diploma from the **Trigenics® Institute of Functional Neurology**, denoting them as an R.T.P.® (**Registered Trigenics® Practitioner / Physician**) with the title "**Trigenist.**" Upon successful completion of the **Trigenics® Therapist Program** the applicant will receive a diploma awarding them the designation of **Certified Trigenics® Therapist** with the suffix of CTT® after their name.

CE CREDITS

The availability of CE Credits for Trigenics® Courses is determined prior to each course. Please contact our office to confirm specific availability of CE Credits. In some cases, a fee of approximately \$50 will be required to be paid by any course registrant wishing for the Institute to process their request for CE approval. This will be deducted from their credit card upon the Institute receiving their request. Any semi-private courses with less than 6 students may have their application deferred to the next larger course date.

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 and restocking 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 propriety 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 change 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®" and R.T.P.® and CTT® are proprietary registered trademarks with an associated proprietary patent pending myoneural treatment system as well as a neurokinetic muscular strength/length assessment and training system. They herewith agree to abide by all licensing requirements and to not use the Trigenics trademark, Intellectual Property, assessment or treatment procedures or course materials in any way without a current R.T.P.®/C.T.T.® license or current R.T.P.®/ 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 health professionals who have attained RTP®/ C.T.T.® status and who maintain a current license to practice with all licensing dues paid and up to date. Any other use is prohibited by law with punitive damages. Usage of any of the IP, procedures or materials without calling it Trigenics® is illegal fraud.

Term 5: The candidate agrees not to divulge any information on the Trigenics® assessment, treatment, exercise or training procedures to the public or any other colleagues or health professionals without holding a current license or written approval by the Institute. Duplication or re-assimilation of written, verbal or audio/video Trigenics® IP and course materials in part or in whole in any way is strictly prohibited and the undersigned hereby agrees not to copy, reproduce, paraphrase or use any of the material for public use without written consent and approval. R.T.P candidates further agree not to use any combination of patient resisted movement with simultaneous mechanical or manual stimulation treatment of muscle tissue and/or with concentrative breath exercises on their patients without specifically calling it Trigenics® and without being currently licensed by the Trigenics® Institute to practice Trigenics®. The registrant acknowledges that breach of this agreement will constitute a minimum \$25,000 penalty payment by them for damages.

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

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 requirement 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.				

Course Name: _____

Location: _____ **Date:** _____ **FEE:** _____

Please check the designation you are attending **RTP** **CTT** **Recertification**

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 by way of **ONE** or _____ **MULTIPLE PAYMENTS**

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

PAYMENT PLAN: (Available by way of credit card only)

I hereby agree to the Payment Plan RTP COURSE with terms as follows:

A first payment today of \$ _____ and ____6____ payments of \$ ____250.00____ commencing on the _____ of each month hereafter.

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**
343 Eglinton Avenue East, Toronto, Ontario, Canada M4P 1L7 Phone: 416-481-1936, Fax: (416) 322-1593,
 E-mail: institute@trigenics.com, visit us at www.trigenics.com