

Group Registration – Step By Step Guide

To register multiple students from the same school/group to attend the same clinic, you may choose our Group Registration feature. This option is most effective and helpful if the school or band organization is paying partially or in full for each student. Individual student information will still need to be entered, however you may do so from one screen, without logging in multiple times, and you will be able to generate a print out of the amount due for all students. If students are responsible for paying their own clinic fees, it likely will be simpler for them each to register on their own. Instructions can be found for Individual Registration following the Group Registration How-To section.

Step 1: Select the Size of Your Group

- Begin by selecting the GROUP Registration link in the menu at the left of the screen.
- Click on the circle next to GROUP.
- Using the pull down menu, select the number of students you wish to register.
- Click the Begin Registration button.

The screenshot shows the Miller Clinics website interface. On the left is a navigation menu with links: Clinics, Home Page, Private Clinics, Fees, FAQ, Staff, Scholarship, Testimonials, Newsletters, **GROUP Registration**, Login To Secure User Area, and TESTIMONIALS. The main content area is titled 'CLINICS' and shows the date 'Friday October 31, 2008'. Below this is a 'Registration for Clinic' form with 'Select Type' set to 'Group' and 'Attendee number' set to '12'. A 'Begin Registration' button is visible. A message at the bottom states: 'Thank you for your interest in our clinics! Online Registrations are closed. Please contact Administration for further queries.'

Step 2: Enter Your Group and Clinic Information

- In the next screen that appears, enter the information for each student in your group by either typing in the empty text box or selecting an option for the pull down menu.
- Please be sure to enter correct information for each student. It may be helpful to have them in the room with you when you complete the online form, or collect it ahead of time using this form to ask for the appropriate information.
- Once you have selected the Registration Type, the amount for that student will appear.
- Proceed to the next student until all have been entered.

The left screenshot shows the 'Attendee Info [1]' form with the following fields: First Name, Last name, Mailing Address, City, State/Province (dropdown), Zipcode (12345 or 12345-6789), Email Address (your@email.address) (50 characters max), Home Phone (123-456-7890) - US #s only, Emergency Contact, Emergency Phone (123-456-7890) - US #s only, Sex (dropdown), Birth Date (mm/dd/yyyy), Graduation Year (yyyy), Class (dropdown), Room mate, and Registration Type (dropdown).

The right screenshot shows the form filled out with the following information: First Name: Joe, Last name: Smith, Mailing Address: 1111 Main Street, City: Dayton, State/Province: Ohio, Zipcode: 12345, Email Address: joe.smith@email.com, Home Phone: 987-654-3210, Emergency Contact: Sally Smith, Emergency Phone: 987-123-4567, Sex: Male, Birth Date: 01/15/1992, Graduation Year: 2009, Class: Drum Major/Field Commander, Room mate: Steve Jones, Registration Type: Resident Student, Discount: \$0, Amount: \$290.

- After the attendee information, you will enter and select information that is common to all of the students.
- Begin typing the school/group name in the box next to “School”. After a few letters, a menu of possible selections will appear.
- Our database of schools is quite large. Please be patient while selecting your school from the drop down menu. It may take several seconds. Typing more of the school name will allow the menu to narrow your selection.
- If your school is not in our database, NOT LISTED will appear in a drop down menu. Please select Not Listed from the menu. Remember to try the full official name of the school (i.e. Thomas Jefferson vs. Jefferson) or other variations commonly used.
- Using the Select Clinic pull down menu, select the clinic these students will be attending.
- Enter the Payer Name in the text box (name of school, band booster organization, or the name that appears on the check or credit card being used to pay for these students).
- Select either Full Amount or Deposit to be paid for each student by this payer. This amount will be used to calculate the total amount due for the group.
- Click the Save Registration button at the bottom of the page. If student information was omitted or entered in the wrong format, an error message will appear asking you to correct it.

Registration Info

School: Arch

- ARCHBISHOP ALTER HIGH SCHOOL
- ARCHBISHOP BERGAN HIGH SCHOOL
- ARCHBISHOP BLENK HIGH SCHOOL
- ARCHBISHOP CARROLL HIGH SCHOOL
- ARCHBISHOP CARROLL HIGH SCHOOL
- ARCHBISHOP CHAPELLE HIGH SCH
- ARCHBISHOP CURLEY HIGH SCHOOL
- ARCHBISHOP EDWARD MCCARTHY HS
- ARCHBISHOP HANNAN HIGH SCHOOL
- ARCHBISHOP HOBAN HIGH SCHOOL
- ARCHBISHOP MCNICHOLAS HS
- ARCHBISHOP MITTY HIGH SCHOOL
- ARCHBISHOP MOELLER HIGH SCHOOL
- ARCHBISHOP MOLLOY HIGH SCHOOL
- ARCHBISHOP O'HARA HIGH SCHOOL
- ARCHBISHOP PRENDERGAST HS
- ARCHBISHOP QUIGLEY SEM SCHOOL
- ARCHBISHOP RIORDAN HIGH SCHOOL

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Registration Info

School: Not Listed

Select one of the names in the box below. If your school is not listed, type not listed and select not listed from the box below.

Clinic: Select Clinic

Payment Info

Payer name:

Full Amount / Deposit

Step 3: Enter Payment Information

- After saving your registration, you will be directed to a payment screen.

Credit card payment (picture below left):

- Select the type of credit card you will be using and enter the appropriate information.

Check payment (picture below right):

- If you will be sending a school or booster check, make that selection by clicking the circle to the left of that option. The requested information will change once you select Pay by School or Booster Check.
- By entering checking account and routing number, you are submitting electronic check information. Our accounting department will run an electronic debit based on that information. **You DO NOT need to enter the account information AND send a check. Doing so will result in the account being debited twice.**
- If you do not have the account information, or you wish to mail your school or booster check, please type “check being mailed” into the account number box, the routing number box, and the check number box.

- Click the Checkout button **ONE TIME**. Clicking the button more than once may result in multiple payments.

Payment Details	
Credit Card Type	<input type="radio"/> Visa <input type="radio"/> Discover <input type="radio"/> MasterCard <input type="radio"/> American Express <input type="radio"/> Pay by School or Booster check
Credit Card Number	<input type="text"/>
Expiration Date	MM / 3 Digit / YY / CVV# <input type="text"/> <input type="text"/> (Usually On back of Card)
First & Last Name on Card	<input type="text"/>
Email Credit Card receipt of payment will be sent to this email	<input type="text"/>
Payment Amount	\$580
Options	PLEASE ONLY CLICK ONCE
<input type="button" value="Checkout"/>	

Payment Details	
Credit Card Type	<input type="radio"/> Visa <input type="radio"/> Discover <input type="radio"/> MasterCard <input type="radio"/> American Express <input checked="" type="radio"/> Pay by School or Booster check
Name on Check	<input type="text"/> Need Help?
Account Number	<input type="text"/>
Routing Number	<input type="text"/>
Check Number	<input type="text"/>
NOTE: If you are entering your checking account information here, we will automatically debit the account and you do not need to send the actual paper check.	
Payment Amount	\$580
Options	PLEASE ONLY CLICK ONCE
<input type="button" value="Checkout"/>	

Step 4: Review and Print Your Summary Information

- After submitting payment information, our registration system will generate a summary of the information you have entered. Please print a copy for your records.

FJMClincs - Group Registration Details on October 31, 2008 at 12:57 PM

Registration submitted, payment must be submitted prior to being confirmed.
 Please print this page and include along with your check when you mail it in.

Registration Details	
Registration #	14184, 14185
Registration Method	Online
Registration Type	Resident Student, Resident Student
Attendee Names	Steve Jones, James Jones
School	ZANESVILLE HIGH SCHOOL
Clinic	Test Site_December 1-2, 2008
Class	Drum Major/Field Commander, Drum Major/Field Commander
Room mate	,
Payment Details	
Invoice Number	1162780299, 1162780299
Payer Name	Zanesville Band Parents
Payment Type	Check-School
Registration Fee	\$290.00 + \$290.00 = \$580
Meal Plan Amount	\$0.00 + \$0.00 = \$0
Amount to be paid	\$290 + \$290 = \$580
Discount	\$0.00 + \$0.00 = \$0
Amount Paid	\$290 + \$290 = \$580
Amount Due	\$0 + \$0 = \$0
Payment Status	Pending for Check Realisation

[Back to Secure Area](#) | [Logout](#)

Check Payments:

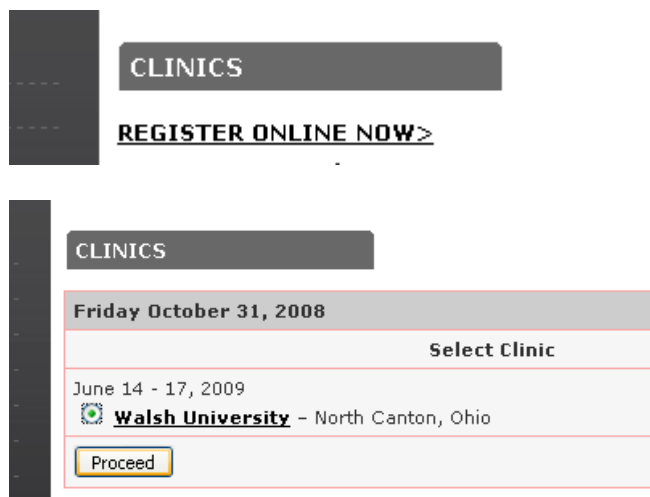
- If you are mailing a check, please also print a copy of the group registration summary to be mailed with the check.
- Note: if you have selected School or Booster Check as your payment option and **DID NOT** enter the account, routing, and check number, you must **MAIL YOUR CHECK** before your registration is officially confirmed. The bottom of this summary form shows the Amount Paid **AFTER THE CHECK YOU HAVE INDICATED IS RECEIVED**. Please note the Payment Status is Pending until our office receives the check.
- Entry of check account and routing number will result in a Confirmed payment status.

Individual Registration– Step By Step Guide

Individual students or students attending with a group who are paying for their own clinic fees should register using the individual process.

Step 1: Select Your Clinic

- Begin by selecting the [Register Online Now](#) link that appears on several pages within the clinic web site.
- Select the clinic you wish to register for by clicking the circle to the left of the clinic location. Clicking on the clinic location link (**Walsh University**) will show you details known about the clinic site (directions, map, facilities, etc.) at the current date.
- Click the Proceed button at the bottom of the page.

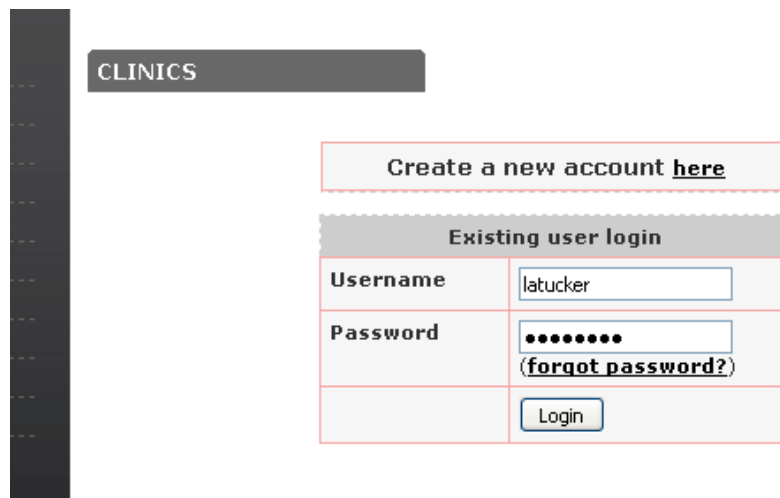


Step 2: Login to Your Account or Create a New Account

- On the next screen, you will be presented with two options – create a new account or existing user login.

Return Students/Existing User Login:

- If you have attended an FJM clinic in at least one of the past 3 years, you **ALREADY HAVE A USERNAME AND LOGIN PASSWORD**. DO NOT create a new account.
- If you have forgotten your account information or otherwise don't know it, please send an email to clinics@fjminc.com, **subject line: registration login account**. Please include your first and last name, as well as your city and state. Your account information will be emailed back to you within a few days.
- Once you have received your account information, you may continue registering for your clinic.
- Enter your username and password and click the login button.



Create a New Account:

- If you have never before attended an FJM clinic, then create a new account.
- Enter all of the required information by typing in the text boxes and using the pull down menus.

- Once you have entered your first and last name, the system will create a user id for you. You can create your own password by deleting anything that already appears in the password box, or begin typing if nothing is generated by the registration system. **BE SURE TO WRITE DOWN YOUR USERNAME AND PASSWORD.**
- Click the Next Step button at the bottom of the page.

CLINICS

CREATE NEW ACCOUNT

General Info

First Name *

Last name *

Sex *

Birth Date *
(mm/dd/yyyy)

Graduation Year *
(yyyy)

Login Details

Username *
(minimum 3 characters)

Password *
(minimum 6 characters)

Retype Password *
(minimum 6 characters)

Emergency Contacts

Emergency Contact

Emergency Phone
(123-456-7890) - US #s only

Contact Info

#s only

Contact Info

Address 1

Address 2

City

State/Province

Zipcode *
(12345)

Country

Phone 1 *
(123-456-7890) - US #s only

Phone 2
(123-456-7890)

Phone 3
(123-456-7890)

Fax Number
(123-456-7890)

Email Address *
(your@email.address) (50 characters max)

Second Email Address
(your@email.address) (50 characters max)

*required fields

- If any required information is missing, you will receive an error message prompting you to correct it.
- Once the information is entered correctly and you have clicked the Next Step button, you will receive a “Registration Successful!” message.
- Use your new login information to login and continue registering for your clinic.

CLINICS

Registration Successful! Please login below.

[Create a new account here](#)

Existing user login

Username

Password
[\(forgot password?\)](#)

Step 3: Enter Your School, Section, and Resident Status

- Once you have logged in, either by entering existing information or creating your new account, you will be asked to enter information about your clinic attendance.

- Begin typing the school/group name in the box next to “Your school”. After a few letters, a menu of possible selections will appear.
- Our database of schools is quite large. Please be patient while selecting your school from the drop down menu. It may take several seconds. Typing more of the school name will allow the menu to narrow your selection.
- If your school is not in our database, NOT LISTED will appear in a drop down menu. Please select Not Listed from the menu. Remember to try the full official name of the school (i.e. Thomas Jefferson vs. Jefferson) or other variations commonly used.
- Select your class/section using the drop down menu.
- Select registration type by clicking the circle to the left of the appropriate choice.
- Click the Proceed to Payment Options button at the bottom of the screen.

[Logout](#)

CLINICS

General Info	
Your School	Zan <div style="border: 1px solid black; padding: 2px;"> ZANE TRACE HIGH SCHOOL ZANESVILLE CHRISTIAN SCHOOL ZANESVILLE HIGH SCHOOL </div>
Clinic	Test Site on December 1 - 2, 2008
Class	Select Class ▼
Room mate	<input type="text"/>
Registration Type	<input checked="" type="radio"/> Resident Student <input type="radio"/> Resident Director <input type="radio"/> Commuter Student <input type="radio"/> Commuter Director
<input type="button" value="Proceed to Payment Options >"/>	

Step 4: Enter Your Payment Information

- You have 3 options of payment method to pay for your clinic fees. Your registration will not be confirmed until your deposit (or full payment) is received by our office.

Option 1: Credit Card

- On the payment screen enter your credit card information and select Full Payment or Deposit.
- Click the Check Out button **ONE TIME ONLY** at the bottom of the screen to finalize your registration.

[Logout](#)

CLINICS

Clinic registration successful. Please continue with the payments

Payment Details
 \$290.00 for Test Site on December 1 - 2, 2008 (Reg id : 14183)

Method

Visa Discover
 MasterCard American Express
 Online Check

Credit Card Number

Expiration Date MM YY 3 Digit CVV# (Usually On back of Card)

First & Last Name on Card

Payment Amount Options

Full Amount (\$290)
 \$100 Deposit

PLEASE ONLY CLICK ONCE

Option 2: Online Check

- On the payment screen, select the Online Check option below the credit card types. A different screen will appear for you to enter your checking account information.
- Enter the account number, routing number, check number and name on the check.
- Select Full Amount or Deposit.
- Click the Checkout button **ONE TIME ONLY** to finalize your registration.

[Logout](#)

CLINICS

Clinic registration successful. Please continue with the payments

Payment Details
 \$290.00 for Test Site on December 1 - 2, 2008 (Reg id : 14186)

Method

Visa Discover
 MasterCard American Express
 Online Check

Routing Number [Need Help?](#)

Bank Account Number

Check Number

Name on Check

NOTE: If you are entering your checking account information here, we will automatically debit the account and you do not need to send the actual paper check.

Payment Amount Options

Full Amount (\$290)
 \$100 Deposit

PLEASE ONLY CLICK ONCE

Option 3: Mail Your Check

- If you wish to mail your check, **DO NOT ENTER YOUR ACCOUNT INFORMATION ON THIS PAYMENT PAGE.** Entering account information AND mailing a check will cause your account to be debited twice.

- Record your registration ID number (listed just below the “Payment Details” line.
- Click the Logout button to leave the registration system.
- By logging out, your information is saved in our system, however your status is not confirmed until your deposit payment (or full amount) is received.
- Please mail your check along with your name, school, and registration ID to our office. Once your check is received, your attendance will become confirmed.
- You may send several checks (personal, school, boosters, etc.) in one envelope in order to cover your deposit or full payment.

* If you are registering individually and the school or band is paying for your clinic fees, it is your responsibility to:

- get a check from the band/school to mail to our office with your name, school, and registration ID.

OR

- provide the school/band the information to be included with the check if they are going to mail it to us.

Return To The System Later to Submit Remaining Payment

- You may also return to your account at a later date to complete the electronic payment portion of the registration process. **YOU MUST SUBMIT PAYMENT 10 DAYS PRIOR TO THE START OF THE CLINIC TO BE A CONFIRMED PARTICIPANT.**
- Once you have entered your registration information, you may logout on the payment screen to return and submit a payment later.
- By logging out, your information is saved in our system, however your status is not confirmed until your deposit payment (or full amount) is received.
- You may log back in anytime by clicking the Login To Secure User Area link in the left hand menu.
- Enter your login and password as you did to begin the registration process.
- Click the Past Registrations link.

CLINICS

[Logout](#)

[Past Registrations](#)

- Click the details link next to the registration you wish to view and pay.

CLINICS

[Back](#)
[Logout](#)

Reg id	Clinic	Fee	Meal Plan	Details
14186	Test Site	\$290.00	\$0.00	<u>details</u>

• Details of your registration will be shown. Click the Pay Amount Due in order to submit payment.

Registration Details	
Status	Pending
Clinic	December 1 - 2, 2008 Test Site, City, -Not Listed-
Class	Sabre
Room mate	
Registration Type	Resident Student
Registration method	Online

Reg id	Reg Fee (A)	Meal Plan (B)	Amount Paid (C)	Discounts (D)	Grand Total (A + B)	Amount Due ((A+B) - (C + D))
14186	\$290.00	\$0.00	\$0	\$0.00	\$290.00	\$290
<input type="button" value="Pay Amount Due"/>						

- You will be taken to the payment screen and may proceed with Option 1 or 2 described at the beginning of Step 4.

Important Clinic Registration and Payment Reminders:

- ALL registrations must be entered online, NO MAIL IN REGISTRATIONS will be accepted
- a deposit payment (or full amount) must be entered online or received in our office 10 days prior to the start of the clinic
- mail in payments submitted without completion of the online registration will not result in a confirmation – we will have no one in our system to apply the payment
- You may login anytime between your initial online registration entry and the Thursday prior to the start of the clinic in order to pay any remaining balance online
- Payments made online after the Thursday prior to the start of the clinic or mailed less than 10 days prior to the start of the clinic will not be credited in time, resulting in a delay of your on site registration the first day of the clinic.

For additional assistance, please view the video tutorial on the clinics website. You may also call our office at 1.800.444.3524. We are unable to assist with computer equipment errors or internet problems that are not related to our registration system. Please read the instructional information carefully and follow the tutorial to ensure a successful clinic registration.