



## RBT Advantage Discount\*

(IBTs and BCaBAs are also eligible)

Name: \_\_\_\_\_  
(As it appears on your IBT/RBT/BCaBA credential)

Address: \_\_\_\_\_  
Street Address Apartment/Unit#

\_\_\_\_\_

City State Zip Code

Email: \_\_\_\_\_

I hold the following active credential:

RBT \_\_\_\_\_ or IBT \_\_\_\_\_ or BCaBA \_\_\_\_\_

BACB or IBAO Registration Number\*: \_\_\_\_\_

Certification date: \_\_\_\_\_  
(Original Date)

Expiration date: \_\_\_\_\_

*\*This discount is for RBTs and BCaBAs who hold active credentials with the BACB OR for IBTs who hold active credentials with the IBAO.*

Please return this form to the School of Education, Lori Wall, at  
[lwall@marybaldwin.edu](mailto:lwall@marybaldwin.edu).