



COLLEGE  
OF EDUCATION

## RBT Advantage Discount\*

(BCaBAs are also eligible)

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

Address: \_\_\_\_\_  
Street Address Apartment/Unit#  
\_\_\_\_\_  
City State Zip Code

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

I hold the following active credential:

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

BACB\* Registration Number: \_\_\_\_\_

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

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

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

Please return this form to the College of Education, Lori Wall, at [lw@marybaldwin.edu](mailto:lw@marybaldwin.edu) or to the fax number below.