

# Cervical Course Registration Form

October 19-20, 2018

Workshop Title: Cervical Course

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

Employer: \_\_\_\_\_

PT License State: \_\_\_\_\_

PT License Number: \_\_\_\_\_

Credit Card Type: Circle One

Master Card

Visa

American Express

Discover

Credit Card Number\*: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\* Please note your credit card charge will be from ProEx Physical Therapy.

Please enclose a check for \$390.00 per course or \$750.00 for both Lumbar and Cervical courses payable to: **The Institute of Orthopaedic Manual Therapy**

*Send payment to the following address:*

**The Institute of Orthopaedic Manual Therapy, c/o ProEx Physical Therapy  
300 Trade Center, Suite 1650  
Woburn, MA 01801**

For more information, please call (781)229-9353 or visit our website at [www.iomtwoburn.com](http://www.iomtwoburn.com).