

Cervical Course Registration Form

October 20-21, 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.