

# Cervical Course Workshop Registration Form

October 19-20, 2019

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
PT License State: \_\_\_\_\_  
PT License Number: \_\_\_\_\_

## Seminar Location:

300 Trade Center, Suite 1650  
Woburn, MA 01801

## Seminar Days & Times:

Saturday October 19: 8:00am - 5:00pm

Sunday October 20: 8:00am – Noon

*CEUs: 12 Contact Hours*

## Credit Card Payments: 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.*

## Check Payments:

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** and please mail your payment to:

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