

Lumbar Course Workshop Registration Form

November 23-24, 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 November 23: 8:00am - 5:00pm

Sunday November 24: 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