

Cervical Course Workshop Registration Form

October 24-25, 2020

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 24: 8:00am - 5:00pm

Sunday October 25: 8:00am – Noon

CEUs: 12 Contact Hours

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