

# Lumbar Course Workshop Registration Form

November 21-22, 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 November 21: 8:00am - 5:00pm

Sunday November 22: 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