

Progressive Therapy Education Course Registration Form

Please print this form and fax it with your credit card information, or simply mail it with a check to the address below.

BILLING ADDRESS

Full Name: _____

Professional Designation (*circle*): PT / PTA / OT / COTA / ATC Company Name: _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Ship to billing address

SHIPPING ADDRESS (*this is where home study textbook and materials will be mailed*)

Address: _____

Town/City: _____ State: _____ Zip: _____

SELECT A COURSE OR COURSES

Hybrid Courses (1 Day):

	Early Bird Pricing \$290	Regular Pricing \$315
Functional Testing and Skilled Documentation in Geriatric Therapy	<input type="checkbox"/>	<input type="checkbox"/>
Strength Training for Function: Program Design for Frail to Fit Seniors	<input type="checkbox"/>	<input type="checkbox"/>
Home Assessments & Modifications to Facilitate Aging in Place	<input type="checkbox"/>	<input type="checkbox"/>
It Starts in the Middle - Strengthening the Core to Enhance Function	<input type="checkbox"/>	<input type="checkbox"/>

Please designate your desired courses date and location: _____

\$50 discount when you sign up for 2 or more of the above courses.

Hybrid Course (2 Day):

	Early Bird Pricing \$500	Regular Pricing \$530
Elbow, Wrist & Hand Therapy for the Non-Specialist	<input type="checkbox"/>	<input type="checkbox"/>

Please designate your desired courses date and location: _____

1-Day Live Courses:

	Early Bird Pricing	Regular Pricing
Splinting 101: Fabrication of Hand & Wrist Orthoses	<input type="checkbox"/> \$290	<input type="checkbox"/> \$315
Expand Your Functional Test Toolkit	<input type="checkbox"/> \$209	<input type="checkbox"/> \$229

Please designate your desired courses date and location: _____

Home Study Courses:

Medications and the Physical Rehabilitation Process	\$99	<input type="checkbox"/>
Chronic Disease Management: Teaching Strategies & Tools for Success		<input type="checkbox"/>
Self-Management of Chronic Pain: Teaching Strategies & Tools for Success		<input type="checkbox"/>

Payment Sub-Total: \$ _____

Discount Code/Coupon: _____ Discount: -\$ _____

Total: \$ _____

SELECT A PAYMENT METHOD

Check Credit Card Credit Card #: _____

Card Type: _____ Expiration Date: ____/____ Card Security Code: _____

Authorized Signature: _____

Cancellations: Substitutions may be made by contacting us prior to the course at no cost. Cancellations must be made 4 weeks prior to the seminar (before the book and home study materials are mailed). If cancellation is made prior to 4 weeks before the course date the registration fee is refunded minus a \$25 administrative fee. Cancellations after that time will not qualify for a refund but participants will be given a credit for a future course upon return of any books or course materials received. If we must cancel or change a seminar location for any reason, our liability is limited to the cost of the seminar.