

Progressive GaitWays, LLC, is accepting and processing enrollments for Theraswim & Play for this course, and will promptly forward enrollee information and tuition payments to Theraswim & Play.

Please fax, email, or mail this completed form with your payment information.

Developmental Orthopedics - Part 2: Lab Sessions on Lower Extremity Assessment Skills

Registration Form



Select Course Date: July 30, 2017 July 31, 2017

**Enrollment closes at 18 qualified clinicians on a first-come, first-served basis.
PAYMENT IS REQUIRED to hold your enrollment reservation.**

Name:	(Circle one) PT OT CO CPO MD OTHER _____ Submission date:
W O R K	Facility: _____
	Department: _____ License or Certificate #: _____
	Street: _____
	City / State / Zip: _____
	Email: _____ Phone: _____

SHIP PRE-COURSE MATERIALS TO: **WORK ADDRESS** **BILLING ADDRESS**

B I L L I N G	Name (If different): _____
	Street: _____
	City / State / Zip: _____
	Email: _____ Phone: _____

TUITION: EARLYBIRD - RECEIVED ON OR BEFORE July 1, 2017: \$295 • AFTER July 1: \$345
Group Discount - minimum 4 registrants – available only before July 1: \$275 / group member

O R D E R	Course Registration: \$ _____ \$ _____
	<i>LEGS & FEET DVD: A REVIEW OF [30 LE] MUSCULOSKELETAL ASSESSMENTS</i> \$25.00 + \$5.00 S/H \$ _____
	6-Piece Assessment Tool Kit \$45.00 + \$7.00 S/H \$ _____
	<input type="checkbox"/> Payment by Check No: _____ <input type="checkbox"/> Pay by Visa <input type="checkbox"/> Pay by MasterCard Total: \$ _____

P A Y M E N T	If payment is by Visa or MasterCard, provide the BILLING ADDRESS above for the card used (all fields required):														
	Visa/MasterCard														
	Signature: _____	Exp. Date: _____	CVS code: _____												
By signing above you authorize Progressive GaitWays, LLC to bill your credit card for the stated fees for course tuition.															