

Mid-Atlantic Physical Therapy Associates, LLC



Course Registration Form

Course Name: NAIOMT 740: The Thoracic Spine with Manipulation Course Date(s): April 8-10, 2011 Contact Hours (CEUs): 21 Course Location: Marathon Physical Therapy & Sports Medicine (Newton, MA) Course Instructor: Gail Molloy, PT, OCS, COMT 703-880-4613 lgrine@mapta.org Course Contact: Larry Grine Email: Phone: Name: _____ Apt #: _____ City: _____ State: ____ Zipcode: State of PT Licensure: _____ (NAIOMT requires that all participants must be a Physical Therapist) PT Education: University/College: ______ State: ______ Year Graduated: _____ Clinic Website: Clinic Name: Clinic Address: Clinic City: _____ State: ____ Zipcode: ____ Phone: ____ Fax: ____ Payment Information: In order to qualify for Early Registration the following criteria must be met: o Early registration ends 1 month prior to the first day of the course o Date of fax must be on or before the cut-off date below Mailed registration forms must be postmarked on or before the cut-off date below Payment must accompany the registration form If the above criteria is not met, registrations sent "late" with early payment information will not be accepted. If you are not sure of your MAPTA membership status, contact Larry Grine: lgrine@mapta.org \$ 40.00 **MAPTA Membership** Join OR Renewal (Annual membership) (on or before March 8, 2011) \$ 500.00 **MAPTA Members Early** \$ 555.00 **MAPTA Members Late** (after March 8, 2011) \$ 550.00 **Non-MAPTA Members Early** (on or before March 8, 2011) Non-MAPTA Members Late \$ 615.00 (after March 8, 2011) **Total** (Course Tuition & Membership Fees if required) Payment by: Check - Make checks payable to "MAPTA" and mail to 11695 Stockbridge Lane Reston, VA 20194 Credit Card (select type – VISA, MC, AmEx, or Discover below)

Billing Address: Apt/Suite# City/State/Zipcode:

Name on Card: ______ Card Holder's Signature: _____





Mid-Atlantic Physical Therapy Associates Registration Policies

NAIOMT Course Policy:

It is the policy of the North American Institute of Orthopaedic Manual Therapy (NAIOMT) that only Physical Therapists are eligible to take most of NAIOMT's courses. The only course that allows non-Physical Therapists to attend is the NAIOMT 500 Level I Course; in which licensed Occupational Therapists, Physicians, and Dentists are also eligible to attend. Please visit NAIOMT's website, www.naiomt.com, for more information.

In registering for this course I hereby state that I am a Physical Therapist, a 3rd-year Physical Therapy student at an accredited physical therapy program, or eligible to attend this course as stated above.

Upon signing below, I state that I am eligible to attend this course per the NAIOMT course policy

Print Name: Signature: Date:		Print Name:	_ Signature:	Date:
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CANCELLATION POLICY:

Online registrations are accepted pending space availability, and will be confirmed via email. Make no travel arrangements until your registration has been confirmed! We will not be held liable for the cost of any non-refundable airline tickets.

For cancellations up to 14 days prior the course there is a \$100 non-refundable penalty. (Only one transfer per deposit is allowed.) For cancellations less than 14 days prior to the course, there are no refunds or transfers. All cancellations must be received in writing or email before any refund may be issued. In the event that MAPTA cancels a course, a full refund will be given.

Upon signing below, I agree to the terms stated above regarding the MAPTA cancellation policy.

Print Name:	Signature:	Date:

Mail or Fax Registrations to the following:

Mid-Atlantic Physical Therapy Associates, LLC 11695 Stockbridge Lane Reston, VA 20194

Phone: 703-880-4613 Fax: 703-709-5134

For questions regarding registration please email Larry Grine at lgrine@mapta.org