



# Mid-Atlantic Physical Therapy Associates



## Course Registration Form

Course Name: NAIOMT 700: Advanced Upper Quadrant  
 Course Date(s): September 17-19 (Part A) & October 22-24, 2010 (Part B) Contact Hours (CEUs): 42  
 Course Location: Virginia Therapy & Fitness Center (Reston, VA)  
 Course Instructor: Gail Molloy, PT, OCS, COMT  
 Course Contact: Larry Grine 703-880-4613 lgrine@mapta.org

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ 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 Name: \_\_\_\_\_ Clinic Website: \_\_\_\_\_  
 Clinic Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
 Clinic City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Payment Information:

- In order to qualify for Early Registration the following criteria must be met:
  - Early registration ends 1 months prior to the first day of the course
  - 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](mailto:lgrine@mapta.org)

___ \$ 40.00	<b>MAPTA Membership</b>	Join OR Renewal (Annual membership)
___ \$ 1000.00	<b>MAPTA Members Early</b>	(on or before August 17, 2010)
___ \$ 1050.00	<b>MAPTA Members Late</b>	(after August 17, 2010)
___ \$ 1100.00	<b>Non-MAPTA Members Early</b>	(on or before August 17, 2010)
___ \$ 1150.00	<b>Non-MAPTA Members Late</b>	(after August 17, 2010)
\$ _____	<b>Total</b>	

### ❖ Payment by:

- \_\_\_ Check
  - Make checks payable to "MAPTA" and mail to 11695 Stockbridge Lane Reston, VA 20194

• \_\_\_ Credit Card (check one)



Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_ Customer Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

*Upon registering for the course you will be notified within 5 business days via email or phone to confirm receipt of your registration.*



## ***Mid-Atlantic Physical Therapy Associates Policy***

### **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](http://www.naiomt.com), for more information.

In registering for this course I hereby state that I am a Physical Therapist, a 3<sup>rd</sup>-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:** \_\_\_\_\_

### **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

***Upon registering for the course you will be notified within 5 business days via email or phone to confirm receipt of your registration.***