



Mid-Atlantic Physical Therapy Associates

Course Registration Form

Course Name: The Shoulder Girdle: Medical Screening & Orthopaedic Fundamentals
 Course Date(s): September 24-26, 2010 Contact Hours (CEUs): 21
 Course Location: Virginia Therapy & Fitness Center (Reston, VA)
 Course Instructor: Karl Kolbeck, PT, OCS, COMT, FAAOMPT
 Course Contact: Larry Grine 703-880-4613 lgrine@mapta.org

Name: _____ Email: _____ Phone: _____
 Address: _____ Apt #: _____ City: _____ State: _____ Zipcode: _____
 State of PT Licensure: _____
 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

___ \$ 40.00	MAPTA Membership	Join OR Renewal (Annual membership)
___ \$ 495.00	MAPTA Members Early	(on or before August 24, 2010)
___ \$ 545.00	MAPTA Members Late	(after August 24, 2010)
___ \$ 545.00	Non-MAPTA Members Early	(on or before August 24, 2010)
___ \$ 595.00	Non-MAPTA Members Late	(after August 24, 2010)
\$ _____	Total	

❖ 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

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

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