

The Upper Quarter Pain Puzzle: Differential Diagnosis and Treatment of the Orthopedic Patient with Upper Quarter Neuropathic Syndromes.
Presented by International Manual Therapy Seminars.

Registration Form

Date/Location: Saturday, April 26 - Sunday, April 27, 2014 Balance Physical Therapy & Human Performance Center, Inc. - Salinas, CA
Course Contact: Matthew S. Thomason, DPT, OCS, FFMT, FAAOMPT (matt@balancept.com)

Course Times: 8 am - 5 pm Saturday, 8 am - 4 pm Sunday

Registration Fee: \$425

Participant Information

Name: _____
Degree: _____
License # & State: _____
Home Address: _____
Home/Cell Phone: _____
Email: _____
Employer: _____

Please list any manual therapy background or interests that you have: _____

How did you hear about this course: _____

_____ ***Cancellation Policy (please initial):*** A full refund (less \$50 fee) for cancellations made 21 days prior to course start date. If made less than 21 days before the course start date, a \$125 fee will be charged. Notice of cancellation must be received in writing. All registration fees will be refunded if the instructor cancels the course. However, no other expenses incurred by registered participants will be refunded.

Payment Information

Please make checks payable to Balance Physical Therapy and mail to the address below, with this registration form. If you prefer to pay via credit/debit card, please fill out this form and fax it (along with information below) to (831) 422-4784.

Balance Physical Therapy & Human Performance Center, Inc.
143 John Street
Salinas, CA 93901
P: (831) 422-4782 F: (831)422-4784

Credit/Debit card payment information: Visa ___ Mastercard ___ Amex ___
Name: _____ Exp. Date: _____
Card #: _____ Card Security Code #: _____
Signature: _____