



FAX FORM TO: 206-241-0028
OR MAIL TO:
Therapeutic Associates Inc
7100 Fort Dent Way, Ste 220
Seattle, WA 98188

David Deppeler PT, DSc, OCS, FAAOMPT
Clinical Education Director

For questions contact:
Clinical Education Coordinator: Dorothy Klemetson
206-241-8488 X2200 dorothyk@taiweb.com

REGISTRATION

Name _____
Clinic _____
Address _____
City _____ ST _____ ZIP _____
Phone _____ Fax _____
Email _____

TAI Therapists : check if you have notified your Director

KINESIO TAPING KT1 AND KT2

Rob Brandon MPT, ATC, CKTI

March 27-28, 2010
7:30 AM Registration
Class: 8 AM – 6:00 PM

Cost: \$350 TAI, \$400 non-TAI

Location:
TAI Central Oregon- Bend at the Center
2200 NE Neff Road Ste 202
Bend, OR 97701

Check payable to "THERAPEUTIC ASSOCIATES, INC."

Payments for TAI Employees will be taken care of internally if you are using your Clinical Education Funds – your Director’s approval is required. Please complete form for registration.

VISA/Mastercard/Discover: _____ exp date: _____ ZIP: _____

Signature _____

YOU MUST INCLUDE YOUR ZIP CODE IN ORDER FOR THE BANK TO PROCESS YOUR CREDIT CARD

Cancellations less than 7 days prior to the course will not be refunded