



Therapeutic Associates Inc.  
 7100 Fort Dent Way, Ste 220  
 Seattle, WA 98188  
 206 241-8488 X2200 206 241-0028 fax  
 dorothyk@taiweb.com  
**COURSE COORDINATOR: Dorothy Klemetson**

**REGISTRATION**

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

Please print your name as you wish it to appear on your course certificate. \_\_\_\_\_

**NAI 720 CLINICAL REASONING**

**November 30 – December 2, 2012**

Erl Pettman, PT, MCPA, FCAMT

James B. McKillip Center, Seattle (Tukwila)

Full Tuition (by SEPT 30, 2012) \$450 \_\_\_\_\_

**Please submit a copy of your current PT license with your registration**

**Check payable to “THERAPEUTIC ASSOCIATES, INC.”**

VISA/Mastercard/Discover: \_\_\_\_\_ exp date: \_\_\_\_\_ V-Code \_\_\_\_\_

Card Billing Address/City/State: \_\_\_\_\_

Signature \_\_\_\_\_

**YOU MUST INCLUDE YOUR COMPLETE BILLING ADDRESS AND SECURITY (V-CODE) FOR PROCESSING**

**Cancellations less than 7 days prior to the course will not be refunded, but fee may be applied towards a future Washington state NAIOMT course.**  
 Receipt and confirmation packet will be sent once your registration has been processed.