



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 640 LEVEL II THORACIC SPINE

December 8-9, 2012

Bill C. Temes, PT, MS, OCS, COMT, FAAOMPT and
 Kent Keyser MS, PT, OCS, COMT, ATC, FFCFMT, FAAOMPT, CKTP

James B. McKillip Center, Seattle (Tukwila)

- Early tuition (due OCT 8, 2012) \$280 _____
- Full Tuition (after OCT 8, 2012) \$300 _____

Please submit a copy of your current license with your registration form.

TO BE ELIGIBLE FOR EARLY TUITION, ENTIRE FEE MUST BE PAID BY OCT 8, 2012

Check payable to "THERAPEUTIC ASSOCIATES, INC."

VISA/MasterCard/Discover: _____ exp date: _____ V-code _____

CARD BILLING ADDRESS: _____

CARD BILLING CITY/STATE/ZIP _____

CARD HOLDER SIGNATURE _____

PLEASE INCLUDE YOUR FULL BILLING ADDRESS AND V-CODE (SECURITY CODE) FOR CREDIT CARD 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.**