



Therapeutic Associates Inc.
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 Seattle, WA 98188
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 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 500 LEVEL I DIFFERENTIAL DIAGNOSIS

Part A: November 2-4, 2012 Part B: November 30-December 2, 2012
 Steve Allen PT, OCS, COMT, FAAOMPT

At Evergreen Professional Center or EWU Health Sciences Campus (Spokane)

Attending: Part A _____ Part B _____ Both A & B _____

<input type="checkbox"/> Early tuition (due SEPT 4, 2012)	\$420/one part _____	\$840/both A & B _____
<input type="checkbox"/> Full Tuition (after SEPT 4, 2012)	\$450/one part _____	\$900/both A & B _____

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

TO BE ELIGIBLE FOR EARLY TUITION, ENTIRE FEE (\$840) MUST BE PAID BY SEPT 4, 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.