



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 700 LEVEL III ADVANCED UPPER QUADRANT

Part A: October 5-7, 2012 Part B: November 16-18, 2012

Erl Pettman PT, MCSP, MCPA, FCAMT

James B. McKillip Center, Seattle (Tukwila)

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

Early tuition (due AUG 6, 2012) \$420/one part _____ \$840/both A & B _____

Full Tuition (after AUG 6, 2012) \$450/one part _____ \$900/both A & B _____

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

FOR EARLY TUITION, REGISTRATION & ENTIRE FEE MUST BE RECEIVED BY AUG 6, 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.**