



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: March 5-7, 2010 Part B: May 14-16, 2010
Brett Windsor PT, OCS, COMT, FAAOMPT

James B. McKillip Center, Seattle (Tukwila)

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

<input type="checkbox"/>	Early tuition (due JAN 5, 2010)	\$420/one part _____	\$840/both A & B _____
<input type="checkbox"/>	Full Tuition (after JAN 5, 2010)	\$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 JANUARY 5, 2010

Check payable to "THERAPEUTIC ASSOCIATES, INC."

VISA/Mastercard/Discover: _____ exp date: _____

BILLING ADDRESS ZIP: _____

Signature _____

PLEASE MAKE SURE TO INCLUDE YOUR BILLING ADDRESS ZIPCODE 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.