



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

March 27-28, 2010

**Bill C. Temes, PT, MS, OCS, COMT, FAAOMPT and
 Kent Keyser, PT, MS, OCS, COMT, CFMT, FAAOMPT, ATC**

James B. McKillip Center, Seattle (Tukwila)

- Early tuition (due JAN 27, 2010) \$280 _____
- Full Tuition (after JAN 27, 2010) \$300 _____

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

TO BE ELIGIBLE FOR EARLY TUITION, ENTIRE FEE (\$280) MUST BE PAID BY JANUARY 27, 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.**