



FAX FORM TO: 206-241-0028
OR MAIL TO:
Therapeutic Associates Inc
7100 Fort Dent Way, Ste 220
Seattle, WA 98188

David Deppeler PT, DSc, OCS, FAAOMPT
Clinical Education Director

For questions contact:
Clinical Education Coordinator: Dorothy Klemetson
206-241-8488 X2200 dorothyk@taiweb.com

REGISTRATION

Name _____
Clinic _____
Address _____
City _____ ST _____ ZIP _____
Phone _____ Fax _____
Email _____

TAI Therapists : check if you have notified your Director

PHARMACOLOGY

March 6, 2010
(Course also includes pre and post course assignments)

Erin E. Jobst, PT, PhD

Cost: \$160 TAI \$200 non-TAI

Location:
Pacific University
222 SE 8th Ave
Hillsboro, OR 97123

Check payable to "THERAPEUTIC ASSOCIATES, INC."

Payments for TAI Employees will be taken care of internally if you are using your Clinical Education Funds – your Director’s approval is required. Please complete form for registration.

VISA/Mastercard/Discover: _____ exp date: _____ ZIP: _____

Signature _____

YOU MUST INCLUDE YOUR ZIP CODE IN ORDER FOR THE BANK TO PROCESS YOUR CREDIT CARD

Cancellations less than 7 days prior to the course will not be refunded