



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 710 LEVEL III ADVANCED LOWER QUADRANT**

**Part A: April 13-15, 2012 Part B: May 18-20, 2012**

Erl Pettman PT, MCSP, MCPA, FCAMT

James B. McKillip Center, Seattle (Tukwila)

Attending: Part A \_\_\_\_\_ Part B \_\_\_\_\_ Both A & B \_\_\_\_\_

Early tuition (due FEB 13, 2012) \$420/one part \_\_\_\_\_ \$840/both A & B \_\_\_\_\_

Full Tuition (after FEB 13, 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 FEB 13, 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.**