



Therapeutic Associates Inc.  
 7100 Fort Dent Way, Ste 220  
 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 with credentials as you wish it to appear on your course certificate.

**NAI 500 LEVEL I DIFFERENTIAL DIAGNOSIS**

**Part A: January 27-29, 2012 (Lower Quadrant)**  
**Part B: February 17-19, 2012 (Upper Quadrant)**

Brett Windsor PT, OCS, COMT, FAAOMPT  
 James B. McKillip Center, Seattle (Tukwila)

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

|   |                      |                        |
|---|----------------------|------------------------|
|  Early tuition (due NOV 27, 2011)  | \$420/one part _____ | \$840/both A & B _____ |
|  Full Tuition (after NOV 27, 2011) | \$450/one part _____ | \$900/both A & B _____ |

**TO BE ELIGIBLE FOR EARLY TUITION, ENTIRE FEE (\$420/\$840) MUST BE PAID BY NOVEMBER 27, 2011**

**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.