



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

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For questions contact:
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REGISTRATION

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

TAI Therapists : check if you have notified your Director

**THRUST MANIPULATION OF SELECTED EXTREMITY AND SPINAL JOINTS:
A PROGRAM DESIGNED FOR PT STUDENTS AND THEIR CLINICAL INSTRUCTORS**

Ann Porter Hoke, PT, DPT, OCS, FCAMT, FAAOMPT,
Bill Temes, PT, MS, OCS, FAAOMPT,
With Pacific Faculty assistance from Orthopaedic Instructor
Brett Windsor PT, OCS, COMT, FAAOMPT

Friday, August 24, 2012 – 4 PM-8 PM
Registration starting at 3:30 PM
Saturday, August 25, 2012– 8 AM-5:30 PM
Cost: \$250

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: _____ V-Code _____

Card Billing Address/City/State: _____

Signature _____

YOU MUST INCLUDE YOUR COMPLETE BILLING ADDRESS AND SECURITY (V-CODE) FOR PROCESSING

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