



Therapeutic Associates Inc.
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 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: September 28-30, 2012 (Lower Quadrant)

Part B: October 19-21, 2012 (Upper Quadrant)

William Temes MSPT, COMT, OCS, FAAOMPT

James B. McKillip Center, Seattle (Tukwila)

Attending: Part A _____ Part B _____ Both A & B _____

 Early tuition (due JULY 28, 2012)	\$420/one part _____	\$840/both A & B _____
 Full Tuition (after JULY 28, 2012)	\$450/one part _____	\$900/both A & B _____

TO BE ELIGIBLE FOR EARLY TUITION, ENTIRE FEE (\$420/\$840) MUST BE PAID BY JULY 28, 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.**