

# Andrews University

Department of Physical Therapy  
Postprofessional Program

## Course Registration Form

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide for registration confirmation

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Please check your selection(s) in the  below

| DATE                                    | INSTRUCTOR  | COURSE         | ACADEMIC   |         | CONTINUING EDUCATION |       |       |
|---|-------------|----------------|------------|---------|----------------------|-------|-------|
|   |             |                | Course No. | Credits | Days                 | Units | Cost  |
| <input type="checkbox"/> Nov 8-10, 2009 | Erl Pettman | Thoracic Spine | PTH590     | 3.0     | 3                    | 2.4   | \$475 |

DO YOU PLAN TO TAKE FOR ACADEMIC CREDIT or CEU CREDIT? Please check one:

- All course participants are required to submit a copy of their current physical therapy license with this registration form.
- A deposit of \$200 is necessary to hold a spot in a course. The balance is due no later than 21 days prior to the start of the course.
- Andrews University reserves the right to cancel a course up to 14 days prior to the course, with full refund, if insufficient numbers of participants have registered for the course.
- Registrants may cancel up to 21 days prior to the course and receive a full refund. After this time cancellations received 14 days prior to the course will receive a refund less \$100 for administrative costs. After this, no refunds will be given.

Method of Payment:

Check/Money Order:  (Please make payable to Andrews University) Payment Amount \$ \_\_\_\_\_ US Dollars

Credit Card:  Discover  MasterCard  Visa  AMEX

Credit Card \_\_\_\_\_ CSV# \_\_\_\_\_ Cardholder's  
Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Name: \_\_\_\_\_

**Mail to:** *Postprofessional Programs  
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Berrien Springs, MI 49104-0420*

**Phone:** 269-471-6305

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