

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
Spring 2010							
<input type="checkbox"/> March 14 - 19	Pettman	NAIOMT Level III: Advanced Upper Quadrant	PTH546	3.0	6	4.8	\$885
<input type="checkbox"/> March 21 - 26	Pettman	NAIOMT Level IV: High Velocity Manipulation	PTH548	3.0	6	4.8	\$1000
<input type="checkbox"/> April 25 - 30	Berglund	NAIOMT Level II: Intermediate Lower Quadrant	PTH538	3.0	6	4.8	\$885
<input type="checkbox"/> May 9 -14	Berglund	NAIOMT Level I: Intro to Fundamentals of Ortho/Manual Therapy	PTH536	3.0	6	4.8	\$885
Fall 2010							
<input type="checkbox"/> September 12 - 17	Pettman	NAIOMT Level III: Advanced Lower Quadrant	PTH547	3.0	6	4.8	\$885
<input type="checkbox"/> September 19 - 24	Pettman	NAIOMT Level IV: High Velocity Manipulation	PTH548	3.0	6	4.8	\$1000
<input type="checkbox"/> Sept 26 - Oct 1**	Berglund	NAIOMT Level II: Intermediate Upper Quadrant	PTH537	3.0	6	4.8	\$885
**This is a change from the original dates of Oct 10-15 because of an overlap with the AAOMPT Annual Conference							
<input type="checkbox"/> October 17-22	Berglund	NAIOMT Level I: Intro to Fundamentals of Ortho/Manual Therapy	PTH536	3.0	6	4.8	\$885

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 the deposit of \$200 for administrative costs. After this, no refunds will be given.

Method of Payment:

Check/Money Order: (Please make payable to Andrews University)
 Credit Card: Discover MasterCard Visa

Payment Amount \$ _____ US Dollars

** Academic credit is currently \$481 per credit. This is subject to change.*

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

Mail to: *Andrews University
 Department of Physical Therapy
 Postprofessional Programs
 8515 East Campus Circle Drive
 Berrien Springs, MI 49104-0420*

Phone: 269-471-6305
Fax: 269-471-2867