Course Registration Form  
Clinical Screening & Differential Diagnosis  
Dr. David Musnick, MD  
March 12-14, 2017

Name: ___________________________ Email: ___________________________  
Please provide for registration confirmation

Address: ___________________________ City: ___________________________ State: _____ Zip: _____________

Home Telephone: ___________________________ Work Telephone: ___________________________

☐ Please check your selection(s) in the □ below

<table>
<thead>
<tr>
<th>CONTINUING EDUCATION</th>
<th>Days</th>
<th>Units</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Early Registration</td>
<td>3</td>
<td>2.1</td>
<td>$550</td>
</tr>
<tr>
<td>☐ Regular Registration</td>
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<td>2.1</td>
<td>$600</td>
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<table>
<thead>
<tr>
<th>ACADEMIC CREDIT</th>
<th>Days</th>
<th>Credits</th>
<th>Cost</th>
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<tbody>
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<td>☐ Academic Registration</td>
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<td>3</td>
<td>$1678</td>
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<td></td>
<td></td>
<td></td>
<td>$520/credit + Reg. fee of $118</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Fee is subject to change</td>
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</tbody>
</table>

- In order to qualify for Early Registration the following criteria must be met:
  o Early registration ends 6 weeks prior to the first day of the course.
  o Date of fax must be on or before the cut-off date.
  o Mailed registration forms must be postmarked on or before the cut-off date below
  o Payment must accompany the registration form
  o If the above criteria are not met, registration sent “late” with early payment information will not be accepted.

- A deposit of $200 is necessary to hold a spot in a course. The balance is due no later than 2 months 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. Andrews University also reserves the right to cancel a course at any time for circumstance beyond our control, with full course fee refund.
- 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.

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

Payment Method: ☐ Check:  
Make check payable to “Andrews University”  
Please read our Early Registration & Cancellation Policy on the next page

Credit Card: (we accept Discover, MasterCard, Visa, AMEX)  
Please complete the Credit Card Payment Form on the next page and submit with your registration

For Office Use Only:

Received ________________________ Confirmation Sent ________________________
Deposit __________________________ Balance Paid ________________________
Paid _____________________________ Refunded _____________________________
Cancelled ________________________
Credit Card Payment & Authorization

Submit with your completed course registration form if using a credit card for course fee payment.

Course Attendee Name: ____________________________________________________________

Card Holder Name: ______________________________________________________________

☐ Discover   ☐ MasterCard   ☐ Visa   ☐ AMEX

Payment Amount: __________________________

Card Number: __________________________ Exp Date: ______  CSV# ______

Card Billing Address: ____________________________________________________________

Card Billing City/State/Zip: ______________________________________________________

Card Holder Signature: __________________________________________________________

Please include your full billing address and CSV# (Security code) for the card to be charged