# 2017 Online Continuing Education Course Registration Form

Name: ______________________________ Email: ________________________________

Address: ____________________________ City: __________________ State: ________ Zip: __________

Home Telephone: __________________________ Work Telephone: __________________

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>INSTRUCTOR</th>
<th>COURSE</th>
<th>CONTINUING EDUCATION*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 9 – April 27, 2017</td>
<td>Geoff Schneider</td>
<td>Evidence Based Orthopedic Clinical Practice</td>
<td>16 weeks 7.0 $575</td>
</tr>
<tr>
<td>Jan 9 – April 27, 2017</td>
<td>Stacy Soappman</td>
<td>Clinical Pharmacology</td>
<td>16 weeks 7.0 $575</td>
</tr>
<tr>
<td>May 8 – August 28, 2017</td>
<td>Pat Fonstad</td>
<td>Medical Diagnostics for the Physical Therapist</td>
<td>16 weeks 8.0 $575</td>
</tr>
<tr>
<td>Sept 6 – Nov 15, 2016</td>
<td>Kathy Stupansky</td>
<td>Post-Operative Management of Common Orthopedic Surgeries</td>
<td>10 weeks 7.0 $575</td>
</tr>
</tbody>
</table>

*Courses are also available for Academic Credit. Please contact us for details.

- 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. 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.

** Payment Method **

☐ Check: Make check payable to “**Andrews University**”

☐ Credit Card: (we accept Discover, MasterCard, Visa, AMEX)

Please read our Early Registration & Cancellation Policy on the next page and submit with your registration

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

For Office Use Only:

<table>
<thead>
<tr>
<th>Received</th>
<th>Confirmation Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deposit</td>
<td>Balance Paid</td>
</tr>
<tr>
<td>Paid</td>
<td></td>
</tr>
<tr>
<td>Cancelled</td>
<td>Refunded</td>
</tr>
</tbody>
</table>
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