



REGISTRATION FORM

Please make check payable to Duke PT/OT

Mail to:

Juanita Moore
Duke University Medical Center
Department of Physical and Occupational Therapy
BOX 3965
Durham, NC 27710

I read and understand the refund policy printed below

Name: _____

PRINT name and credentials as you want on certificate of attendance

Profession: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email Address: _____

Early Professional (Post-marked before April 2, 2010) = \$150

Late Professional (Post-marked before April 23, 2010) = \$200

University/ College Student = \$75

No On-site Registration

You will be notified by email or phone when your registration has been processed

Cancellation and Refund policy: Program and speakers subject to change. Participants should apply new information and skills within the scope of state licensure law. No refunds will be given for cancellation.

SAVE THE DATE

Rehabilitation of the Injured Athlete:

Lower Extremity

Saturday - July 24, 2010