



3679 Lake Shore Blvd. W., Toronto, Ontario M8W 1P7 Toll-Free: 1-800-567-7246, Fax: (416) 253-1911

Yes, I would like to attend the **ETPS Neuropathic Therapy course**. The fee per person is \$249, if registered 2 weeks in advance. Course fee is \$279 after early registration deadline.

**Price includes workshop instruction and a comprehensive workbook.**

Seminar city \_\_\_\_\_

Seminar date \_\_\_\_\_

Introduction  Intermediate  Advanced

**Names of Attendees: (please print)**

1. \_\_\_\_\_ PT, OT, MD, RMT, RN, DC License #:

2. \_\_\_\_\_ PT, OT, MD, RMT, RN, DC License #:

3. \_\_\_\_\_ PT, OT, MD, RMT, RN, DC License #:

**Company Information:**

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Method of Payment:**

Cheque payable to **Acumed Medical** is enclosed.

Charge to: Mastercard  Visa

Card No. \_\_\_\_\_ Expiry date \_\_\_\_\_

Signature \_\_\_\_\_

Bill my organization; Attn: \_\_\_\_\_

(note: full registration fee due and payable prior to start of workshop)

**Please Fax Registration Form 1-416-253-1911**