

Registration Form

This course fills quickly. Register Today

Fax this form to 358-2772, or mail to:

University Hospital

Reeves Rehabilitation Center

Attn: Gloria Fivel

4502 Medical Drive, San Antonio, TX 78229

Name (as you want it to appear on course completion)

Address (Circle: Home or Work) _____

City _____ State _____ Zip _____

Organization _____

Phone _____ Fax _____

E-mail _____

Registration Fee:

Direct Access Approach to Lumbo-Pelvic Dysfunction

\$350 – Early Bird (By February 10, 2012)

\$370 Regular – Regular Price

Check (Payable to University Health System)

MasterCard Visa Discover Amex

Credit Card Number _____

3 Digit Code on Back _____ Exp. Date _____

Signature as it appears on card _____

Cancellation/refunds

Registrations cancelled prior to February 25, 2012 are eligible for a refund, less 50 percent. Cancellation requests received after this date are not eligible for a refund. University Health System reserves the right to cancel any seminar due to low enrollment. University Health System is not responsible for travel reimbursement.